Oral Hygiene

DECEMBER
1933

Cooperate with your dentist in striving for clean gum-gripped teeth

ASK ABOUT **PYROZIDE TOOTH POWDER**

KNOWN TO DENTISTS EVERYWHERE

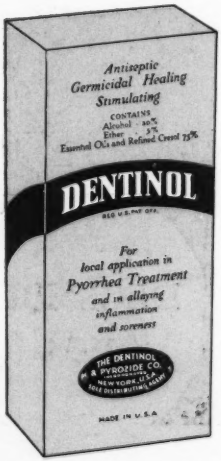
This small advertisement is used to reach the public. No Claims — No Radio.

The dentist who specifically directs the patient as to how to give needed stimulation to the gums and safely clean the teeth induces the home cooperation so essential to lifelong tooth retention.

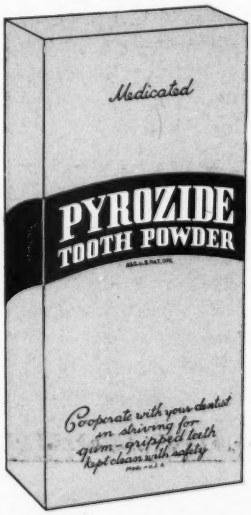
Prescribe the dentifrice suited to each patient's individual requirements. Such valuable advice will be particularly appreciated by those who need it most.

Pyrozide Tooth Powder contains Dentinol in a proper amount for regular use as a dentifrice.

For Dentists' use



For Patients' use



THE DENTINOL & PYROZIDE CO., INC.

Sole Distributing Agent

1480 Broadway, New York City

THE
Publisher's

No. 149

CORNER

By MASS

Minute meditation as the year ends:

WHY do I always wait until the last dog is dead—until they hang up the fiddle—until Fred Lounsbury shrills the call for copy? It would be so much easier to have a rain-barrel full of CORNERS so you could fish one out on demand. Instead of sitting here panic-stricken and numb. Last month it was the same thing, with the airplane CORNER, and so was the month before, and the month before that, 'way back to the first of the hundred and forty-nine months. Next month there will be the annual resolution to get the thing done ahead of time. But that one will be late too.

* * *

Another meditation: one time this department was going to learn shorthand, and bought a book about it. If you knew shorthand you could write the whole thing on the back of an envelope, and would be doing it so fast you wouldn't forget beautiful thoughts while stopping to fix a jammed typewriter ribbon spool. I still have the shorthand book; it's around somewhere.

* * *

Dr. Frank Dunn, who does the *Peaks and Pokes* page in ORAL HYGIENE, and who is writing those articles about dental celebrities—Dr. Casto, Dr. Zane Grey—does his stuff first in shorthand, a whole article on the back of a visiting card.

Just the other day he used up a visiting card on Dr. Henrik Shipstead—it will be about five pages when it comes out next month or the month after. Frank Dunn had to learn how to write articles in shorthand on visiting cards because that is the only kind of writing you can do leaning back in an overstuffed Morris chair.

* * *

This department has the Morris chair complex, but no Morris chair.

* * *

Frank Dunn has both the complex and the chair.

* * *

Another meditation: Long ago I promised to do a piece about another author, Dr. Ben Milnes of Buffalo, who wrote the novel *Hungry Hollow*, published a while back, a real cloth-bound book of the sort we paper-back writers yearn to father. Some day I'll get around to it—not the book I don't suppose, but the piece about Ben.

* * *

And still meditating: One wonders if the CORNER isn't an effort inspired by sitting around for years afraid to break into conversations because of a flourishing speech impediment. Sort of an escape from frequently enforced silence. Talking on a typewriter instead of on a tonsil. Anyway, it's easier for a listener to choke off a CORNER than a conversation, so perhaps it's the inscrutable wisdom of Providence—just looking after the listeners.

* * *

Speaking of stuttering, I'll never forget the time when I spoke at the dinner given dear old Eddie Kells in Chicago not very long before his death. I almost never have any trouble making a speech—I don't know why. But this time I thought I would vary the opening and instead of starting with a formal salutation to "Ladies and gentlemen and our honored guest," or something like that, would start informally and just say, "Eddie Kells and friends of Eddie Kells."

I was pretty scared anyway, with most of dentistry's Pilgrim Fathers sitting beside me at the speakers' table. "Eddie—" was as far as I got with it. I was looking right at him, down the table, and he thought I was calling him, and rose and started toward me. That was a terrible minute. Finally I got the rest of the words out, "—and friends of Eddie Kells," and swung 'round toward the audience, and Eddie, taking in the situation, stepped back and sat down. I died in that long minute, and was born again.

* * *

That brings a recollection of a grammar school play. I was given a few lines, smartly contrived by our teacher, Bonnie Berdrow, so that if I couldn't finish the sentence it wouldn't matter: someone else was supposed to interrupt me if necessary. It was necessary.

* * *

And so the year closes, and ORAL HYGIENE makes ready to start its twenty-fourth volume, and sends to all its thousands of friends across the world its holiday greetings, and a wish that all may be happy, and well, and that the good Lord may give each of you at least some of the things you want.

Dental Meeting Dates

First and Second District Dental Societies of the State of New York, 9th annual greater New York December meeting, Hotel Pennsylvania, New York City, December 4-8.

Colorado State Board of Dental Examiners, next examination, Denver, December 12. For information, write Dr. N. C. Gunter, Secretary, Thatcher Building, Pueblo, Colorado.

Eastern Dental Society, next meeting, 425 Lafayette Street, New York City, December 14.

Minnesota State Board of Dental Examiners, next meeting, College of Dentistry, University of Minnesota, December 15-21. For information, write Dr. Hilen D. Aldrich, Lowry Medical Arts Building, St. Paul.

Alpha Omega Fraternity, 26th annual meeting, Hotel New Yorker, New York City, December 23-25.

Delaware State Board of Dental Examiners, next examination, Delaware Hospital, Wilmington, January 17-18. For information, write Dr. W. S. P. Combs, Secretary, Middletown, Delaware.

Thomas P. Hinman Mid-Winter Clinic, annual meeting, Biltmore Hotel, Atlanta, Georgia, March 12-13.

Five State Postgraduate Clinic (Delaware, Maryland, North Carolina, West Virginia, Virginia, and District of Columbia), Shoreham Hotel, Washington, D.C., March 19-21.

Tennessee State Dental Association, 67th annual meeting, Patten Hotel, Chattanooga, April 26-28.

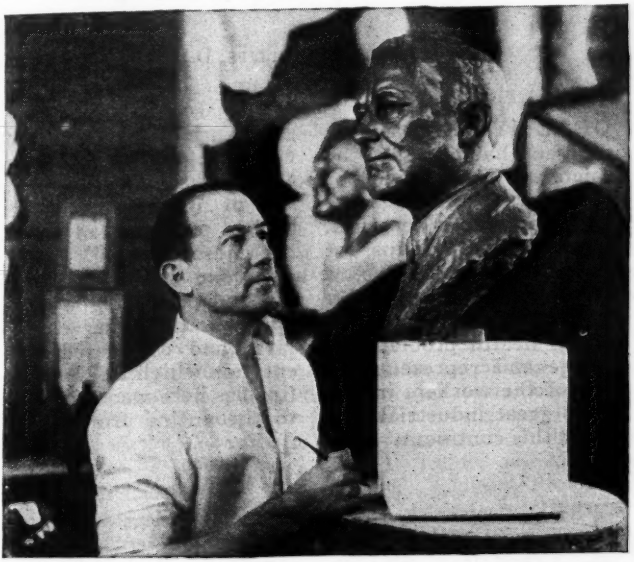
Massachusetts Dental Society, annual meeting, Hotel Statler, Boston, May 7-10.

Illinois State Dental Society, 70th annual meeting, Springfield, May 8-10.

Dental Society of the State of New York, 66th annual meeting, Hotel Statler, Buffalo, May 9-12.

ORAL HYGIENE

Registered in U. S. Patent Office. Registered Trade Mark, Great Britain.



Dr. Joseph B. Jenkins, of Oklahoma City, is a sculptor in odd moments. He recently completed this bust of President Roosevelt. Doctor Jenkins contributes frequently to ORAL HYGIENE.

WHO Gets *the* Baby?

By HERBERT E. PHILLIPS, D.D.S.

ORAL HYGIENE is both proud and happy to be "the vehicle of first choice" of the eminent author of the articles published herewith.

Herbert E. Phillips, of Chicago, has spent over a quarter of a century in daily contact with the dental and general health problems of a large and representative body of the workers in one of the great industrial centers of this continent.

Attention has been previously called in this magazine* to the flaming intensity of his devotion to the health problems of these, his chosen people.

No one should miss reading and pondering with an open mind the marvelously vivid and condensed presentation which Doctor Phillips has here made available to the entire profession.— ***Editor***

THE Centennial Dental Congress has been viewed from many angles. After attending some of the general sessions at the Congress and sitting through several meetings of the House of Delegates, a man of wide experience in medical economic research expressed the following illuminating viewpoint. He said, "I have attended many sessions of both the American Medical Association and the American Dental Association and after my exposure to the expressions of opinion in the House of Delegates, to statements by lecturers, and in conversation with individuals, I can best describe the present condition and attitude of organized dentistry by the following rather homely illustration.

"In my opinion organized dentistry has become fecundated with 'New Ideas' following its contact with social and economic forces plus its knowledge of the neglected dental needs of the people. The re-

*ORAL HYGIENE, November, 1932, p. 2008.

sulting pregnancy has caused consternation to reign in the official family. Some of the conservative but respectable members deny the pregnancy and refuse to believe the evidence. Others almost as respectable recognize the evidence but hope to keep the fact from becoming generally known. They seek to hide everything that is significant and are working hard to prepare modern maternity gowns to hide the evidence from the rank and file and they only admit the fact to the inner circles.

"The old midwives, however, are the most amusing. They are strongly opposed to the birth of 'New Ideas' and are plotting an abortion. They hope by the use of magic, voodoos, or quack nostrums to get rid of the ugly child.

"The wise ones admit the legitimacy of the 'New Ideas,' but call in vain for the materials to prepare a layette. The sad fate of a taxicab birth threatens the maturing fetus. Public authorities will perforce have to nurture the unwanted child and adoption by benevolent and understanding insurance carriers or other commercial groups is probable. Should this occur the child will learn nothing of the traditions of its professional parent but will be well versed in the business ideals of its foster parents. The name of the 'New Idea,' struggling for birth, is the one suggested by President Roosevelt's letter as read to the Congress and is called 'Plans for dental care for all American people.' Mama 'Profession' may some day cry to have her baby back. When she gets it, the task of correcting bad habits and bad manners will keep her busy for a decade or two."

Three articles by Doctor Phillips—"Who Gets the Baby?" and "Evasion" (below), and "Fog," on page 1798.

EVASION

A little over three years ago the Board of Directors of the Chicago Dental Society appointed Dr. Ben Partridge chairman of a committee to present a resolution to the House of Delegates at the 1930 Denver meeting of the American Dental Association.

The resolution pointed out

the probability of social and economic changes that are related to medical and dental care and called on the Delegates to develop a Standing Committee on Economics to study possible trends and thus be in a position to assist state and local societies to meet intelligently the problems inherent in the situation.

This article will attempt to follow the results of this resolution through the tortuous labyrinth of A.D.A. legislation. The resolution was referred to the Board of Trustees who appointed Doctor Brady, a member, to investigate and make recommendations. The next year at the 1931 Memphis meeting Doctor Brady made a splendid report with comprehensive recommendations. As a result of his presentation, the House of Delegates passed the following resolution:

WHEREAS, the committee has recommended that the study of certain subjects and questions be continued, the Board of Trustees has authorized that such questions be considered and studied by a department in the Bureau of Public Relations; and be it therefore

Resolved, that the House of Delegates approve of this action of the Board of Trustees, and the House of Delegates *further requests the Board of Trustees to proceed as rapidly as possible with the organization and perfecting of said department.*

This resolution, which has become a ghost flitting through the proceedings, seemed to call for immediate action on the part of the Trustees, but "said department" was not organized or perfected either immediately or up to the present.

A year later, at the September, 1932, Buffalo meeting, the Trustees again were made aware of the need for authentic information on social and economic questions and by February, 1933, they were ready (?) for more investigation. Evidently forgetting the "ghost" resolution passed at Memphis in 1931 as quoted above, and forgetting Doctor Brady's analysis and report, the Trustees appointed one of its members, Doctor Talbot, to do the job of investigation over again. At the 1933 Chicago meeting Doctor Talbot made his report to the House of Delegates, in which he stated:

"1. At the Memphis meeting in 1931 the [Brady] Special Committee on Dental Economics presented to the Board a *very complete report* setting forth the necessity and desire of the profession for creating a Bureau of Dental Economics in the American Dental Association. Certain recommendations were made for establishing the bureau and an outline of its activities were given.

"2. The subject was referred to the House of Delegates and a resolution was passed by that body (1931) favoring a continuation of the study of dental economics by a Department in the Bureau of Public Relations; and the *Board of Trustees was*

requested to proceed as rapidly as possible with the organization and the perfecting of said Department. [Here two years later the ghost bobs up again.]

"3. Your Committee believes that for financial reasons at present the work on this subject can better be handled by a *Standing Committee on Dental Economics,* operating in conjunction with the Bureau of Public Relations, than by establishing a Department of Economics within that Bureau. Therefore, your Committee would recommend . . . . that a Standing Committee on Dental Economics be created."

Doctor Talbot here suggests the killing of the "ghost" by substitution.

After Doctor Talbot's report was duly presented to the Trustees and to the Delegates it was referred to the Reference Committee and the Committee on Constitutional and Administrative By-Laws for analysis. The By-laws Committee reported that Doctor Talbot's recommendation for a standing committee was out of order inasmuch as a *resolution* (the ghost) passed by the House of Delegates in 1931 ordering a Department of Economics in the Bureau of Public Relations had already taken care of the question. The House of Delegates, therefore, voted not to appoint a standing committee. This seemed to revive the resolution and give it a new lease of life.

The Reference Committee turned thumbs down on all Doctor Talbot's recommendations. They ignored the resolution just brought to life by the By-laws Committee; instead, they pulled out the red herring "combat" resolution stuffed at the 1932 Buffalo meeting* and dangled it before the Delegates in this wise: "In view of the national fact-finding investigation now being conducted by the Dental Health Survey. . .we find there is no immediate necessity for the forming of a Standing Committee on Economics."

It is possible of course that the Reference Committee of 1933, whose members generally know all the "inside dope," were not aware of Doctor Messner's revision that had cut the hokum from the famous Buffalo "combat" resolution perpetrated by the 1932 Reference Committee. *In any event the red herring did the trick,* served its intended function of fogging the issue, for without discussion the House voted according to the Reference Committee's recommendations, and Doctor Talbot's report was laid away to gather dust and cobwebs with the Brady report and with the "ghost" resolution passed by the Delegates of 1931.

Having throttled all possibility of action in 1933, the Reference Committee, evidently desiring to keep up some semblance of effort, recommended "that the Board of Trustees be empowered to appoint a Committee on Dental Economics";

*See *Fog* on page 1798, of this issue of ORAL HYGIENE.

this was in spite of the statement of the Constitution and Administrative By-laws Committee that the appointment of a standing committee was out of order because of the action taken in 1931.

The Trustees at their meeting next day forgot (?) for the third time the "ghost" of 1931, in spite of the fact that the By-laws Committee had pointed out that this resolution and not a committee provided the means for routing economic activities of the A.D.A.

The Trustees instead went back where they started three years ago and appointed a third committee on economics. This Number Three Committee is not working under the recommendations of either the Brady or the Talbot report, has not received any instructions as to its function or scope of activities, was voted no funds, and has neither the tenure nor status of a standing committee. If the habits of evasion developed by our official family in the past three years remain as is, a third report on economics will find a resting place in the morgue prepared for its troublesome predecessors.

Traveling at our present rate of speed, the A.D.A. will be equipped to study social and economic changes and to evolve plans to meet them long after the changes have taken place and others have evolved the plans.

Since the Denver meeting events have proved the timeliness of the resolution presented by the Chicago Dental Society in 1930, and as evidence we present the following:

1. The Chairman of the Legislative Committee of the California State Dental Society, Dr. Roy Green, has reported the probability of the passage of compulsory health insurance law in California in 1935. Doctor Green believes the law will include dental care. The California members are in a quandary as to what action to take or what policy to follow. The American Dental Association has no detailed information at hand or expert advisors to help the profession in California to fix a policy or develop a pattern or action that will serve the Western dentists, as well as our members in Wisconsin, New York, Michigan, or other states when and if similar legislation is there proposed.

2. A committee was appointed by the New York State Dental Society to study dental health insurance. This committee reported in May, 1933, in part as follows: "Up to the present no state has passed a compulsory health insurance law. There, however, is *much agitation for such laws.* In six states bills have been introduced. New York State had a bill which called for medical, surgical, dental, and nursing service. No provision was made in the bill for dental advisory boards although boards for physicians and nurses were provided for. The bill did not provide for adequate dental treatment, did not permit the

dental profession a voice in the making of rules, arranging the fee schedule, or in any way to safeguard the interest of the profession."

The committee recommended (as did Brady and Talbot in the A.D.A.) among other things that the question should receive further and continuous study and that the dental profession should be prepared to offer a plan rather than have one forced on them. The committee members are W. A. Cotton, J. T. Hanks, and J. S. Peters, chairman.

3. In many localities dentists are providing dental service to the unemployed. The plans under which the services are given are as numerous as the localities. In one place the services are rendered through a "panel system" on a low fixed-fee basis in private offices financed by government funds with the control and supervision invested in the organized profession, one form of state dentistry. In another, the Department of Health hires operators on an hourly basis and has the work performed in clinics, a second form of state dentistry.

In at least one locality the unemployment relief commission assigns patients directly to dentists who are on the relief list themselves. The commission remunerates for the services by giving food and paying rent for the dentists. This care for the unemployed is important because of future possibilities and potentialities.

A central bureau with experts collecting data from the several states could help to standardize this widespread service and could help determine a policy for organizations to follow. As the matter stands now, each locality has had to work out its own plan by the trial and error method, and experience gained in one district has not been easily available to dentists facing the same problem in other parts of the country. A modern business institution working on the same basis would be courting disaster.

4. Since 1930 we have passed through an industrial revolution. Industrial planning and control of production by code are in process of enforcement at the request of government agencies. All authorities agree that sooner or later medical and dental care for the working people will be considered as part of the New Deal. Judging by the half-day discussion of the subject of "A Code for Dentistry" by the House of Delegates it is evident there is no informed, authoritive voice either in the House of Delegates or among the Trustees to guide the profession in its adaptation to the New Deal.

5. At the opening session of the Dental Congress, Surgeon General Cumming of the United States Public Health Service read a letter from President Roosevelt, addressed to the Congress, which may indicate the President's idea of dentistry's responsibility to the people, as well as his idea of

the profession's relation to the New Deal. The President wrote: "Dentistry is now recognized as one of the important and necessary divisions of health service. May I express the hope that . . . . even further ways of making dental health service available for all our people will be found."

Had a standing committee been appointed at the time of Doctor Brady's first report in 1931; and had the Department of Economics been organized as ordered by the House of Delegates at Memphis; and had these bodies been making studies and developing plans for dental care for those not receiving it, an intelligent and cooperative response might have answered the President's hopes.

As it was, our organization paid no attention to the suggestion of Mr. Roosevelt, but a telegram was sent assuring the President "full cooperation and support in all constructive efforts to restore amity [?], harmony [?], and prosperity [?]." The telegram gave no assurance that the President's suggestion to make dental care available to all people was even considered.

FOG

While the Board of Trustees and the House of Delegates of the A.D.A. were juggling a "Bureau of Economics" at the Buffalo meeting, held in September, 1932, a "Committee on Dental Survey" was proposed and was started on its way with huzzas and loud hosannas. This happy proposal was made by the Legislative Committee chairman and was recommended by the Reference Committee to the House of Delegates.

Here was a committee (we quote from report of the Reference Committee) "that would develop a program to combat the tendency of so-called state or panel dentistry, that would checkmate or offset potential threats that confront the profession of dentistry, that would proceed to make a thorough survey of all dental activities in state, county, and municipal health organizations and to recommend a policy which would be applicable to state, county, and municipal health organizations in order that organized dentistry may be prepared if and when the time ever comes that we are confronted with panel or insurance dentistry."

Later the United States Public Health Service was to cooperate in the praiseworthy undertaking. Dr. Hugh S. Cumming, Surgeon General, with all the facilities of his Federal department, was to secure the

much needed facts on which the "combat" program would be based.

Editorially our national *Journal*, after quoting the above report of the Reference Committee, stated: "Dentistry is placed under the deepest obligation to Surgeon General Cumming for his spontaneous and wholehearted effort to cooperate with our association in this important, praiseworthy activity." (April, 1933.)

The President of the A.D.A. in the August *Journal* tunes in: "It is my great privilege to announce that the U. S. Public Health Service through the endorsement of Surgeon General Hugh S. Cumming made this survey possible at this time when it is evident that a plan should be developed and action begun at once to combat the establishing of Group practice and Group pay through the medium of General Taxation and Compulsory Health Insurance." Here at last, according to the President, is a strong ally to combat the "menacing threats." Hurrah! Hurrah!

He continues, "The American Dental Association has therefore been alert and is prepared to fight all the unjust and un-American propaganda that is undermining the American principles.

"Our great association through its active and efficient 'Committee on Legislation and Correlation' and the 'Committee on Dental Health Survey' with the cooperation of the U. S. Public Health Service will do everything to protect and conserve the best interests of the people."

From the standpoint of the President we are "sitting pretty." The American Dental Association with its allies has been "alert and is prepared." Doctors Messner and Cumming will supply facts from their survey which may be sprayed on panel dentistry, health insurance, group pay, group practice, and other unjust and un-American propaganda, then *presto!!* the "threats" and "menaces" will do a fade-out. Who says magic is dead and that red herrings will not perform miracles?

At the Chicago meeting in August somehow the picture changed. Events indicated Doctor Cumming would be delighted to cooperate with the A.D.A. in a survey, but not to the end proposed by the House of Delegates in their famous resolution creating a "combat" Committee on Dental Survey.

During the interval between the appointment of the Committee on Dental Survey in February and the meeting of the Congress in August, Doctor Messner, the chairman, had some difficulty in "interpreting" the resolution that outlined the function of this committee. Finally Doctor Messner, who, by the way, is Dental Surgeon under Doctor Cumming in the U. S. Public Health Service, forgot the "combat" phase of his committee's function and interpreted the resolution as calling for "a survey of

the dental needs of the American people." This interpretation was presented to Doctor Cumming, the Surgeon General, and he in an address stated that "the problem of arriving at the needs is a large one. In my estimation it could only be determined for the grade school child. It could no doubt be determined in a few cities or communities for both adult and child population . . . . but to obtain a cross section throughout a nation as large as ours would be a major accomplishment. It can be done for the school child at reasonable cost if the organized dental profession wants it and will lend their influence and active support." Later "A Digest of a Proposed Survey" issued by Doctor Messner states: "Realizing that the results of such a survey would more firmly establish dentistry in public health activities throughout the nation, the Surgeon General gave his approval."

With his own interpretation of the resolution in mind and with the commitment of Doctor Cumming for the survey as interpreted in his pocket, Doctor Messner appeared before the Trustees of the A.D.A. at the Chicago meeting and asked for a restatement of the functions of his committee. The following from Doctor Messner's last report indicates the result of his visit to the Trustees:

A NATION-WIDE SURVEY
BY THE
AMERICAN DENTAL ASSOCIATION
TO DETERMINE DENTAL NEEDS

At the 75th Annual Session of the American Dental Association in Chicago, Illinois, the House of Delegates passed the following resolution which is a *revision of the resolution passed at the 74th Session* and includes also an additional phase for the study of dental health. The revised resolution reads as follows:

"That the Committee for Dental Health Survey be directed to

1. Conduct a survey of dental activities in state, city, and local health, educational, and welfare departments and state institutions.

2. Conduct a survey to determine the dental needs throughout the United States (this survey to be confined to kindergarten and grade school children, and selected adult groups in institutions where practicable.)

3. Develop and recommend a feasible dental program for state, county, and city health educational departments and organizations, based upon the findings of the completed surveys outlined in items 1 and 2.

4. Submit a report of the findings and recommendations to the House of Delegates for their action."

The above resolution supersedes the famous resolution passed at Buffalo.

It nullifies the hopes of the spray squad.

It has spiked the guns, wet the powder, and dulled the sword. No "combat" ammunition to be secured from the

above program. Not a word about the threatened "menaces" of panel or insurance dentistry. Not a word about compulsory health insurance or group practice. Nothing but a highly commendable outline for a much needed survey to get facts by which to standardize the laws governing the appointment of dentists in departments of health, and in schools, and further to standardize as far as possible the dental activities in these departments on a national basis.

The probabilities are that the Committee on Dental Survey will perform a colossal task in getting the facts that will help lay a solid basis for a nation-wide plan to use preventive measures against the spread of dental decay in children. We congratulate the Committee on the great humanitarian task they have undertaken. The facts may disclose such deplorable diseased dental conditions and oral sepsis in a large part of our school population as to make it necessary to recommend, in the interest of public health, state care of all school children who are unable to pay a private dentist.

It is only the uninformed or those with a sinister purpose who would confuse these plans for the care of school children by Departments of Health or Education with Compulsory Health Insurance plans for the care of the industrial worker as those proposed in California or New York. They are parallel but mutually exclusive phases of the health problem.

The resolution of the Reference Committee presented to and passed by the House of Delegates at Buffalo and exploited editorially in the April *Journal* and in the President's article in the August number may serve as a red herring and fog the issue with its odor for a while, but "'revision' cut it short, for, be it understood, it would have lived much longer if it could."

We congratulate Doctor Messner on getting the "combat" resolution revised. We hope the revision will receive as wide publicity as the original.

5457 South Ashland Avenue
Chicago, Illinois

DENTAL PAPERS BY C.U. AND C.D.O.S. MEN

It is earnestly desired that all graduates of Columbia University and the College of Dental and Oral Surgery send reprints of their contributions to dental literature for display during the annual Alumni Day Reunion, to be held February 12, 1934. Please state on all reprints the year of graduation and whether they are to be returned or contributed to the school or library. Send material to B. B. Kamrin, 1450 52nd Street, Brooklyn, New York.

Dental Caries *in* ALASKA

•

First news of Doctor Price's Dental Nutrition Studies in Alaska.

•

By WESTON A. PRICE, D.D.S., M.S., F.A.C.D.

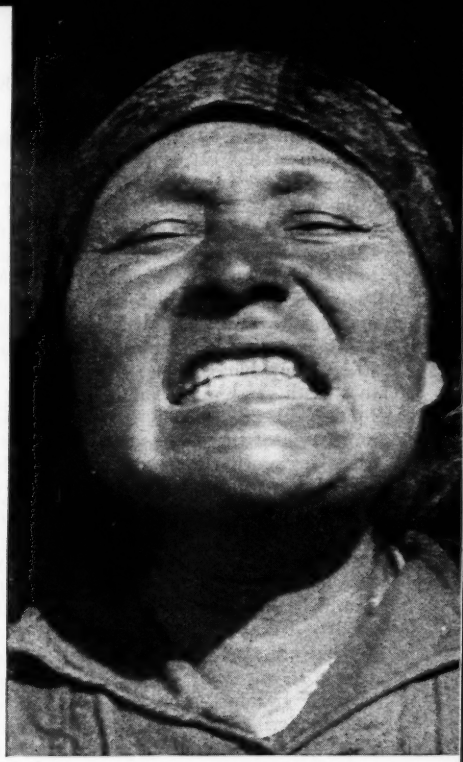
Doctor Price will disclose his Alaska findings, in detail, in a series starting in the February *Dental Digest.*

IN order that his studies on the prevalence of dental caries among peoples of modern and primitive civilizations might be more complete Dr. Weston A. Price spent the summer of 1933 investigating the tooth conditions of the Indians and Eskimos of Alaska.

It is interesting to note that Doctor Price's findings on this trip throw more light on and corroborate his earlier discoveries related in detail in *The Dental Digest** and briefed for ORAL HYGIENE readers by Doctor Price in the August, 1933, issue. Attention should also be directed to the connection Doctor Price shows between the incidence of dental caries and other modern degenerative diseases, such as tuberculosis and arthritis.

With his customary eagerness to make the results of his work known to the dental profession in order that as many as possible of its patients may profit early, Doctor Price has given ORAL HYGIENE an account of his summer's work.

*Price, Weston A.: "Why Dental Caries with Modern Civilizations?" March, 1933—August 1933. Vol. 39, *The Dental Digest.*



The perfect teeth of one of Doctor Price's Alaskan subjects.

ALASKA has made important contributions to the world and it now seems certain that she can provide information which, when made available, can be of benefit to the people of all lands, including herself.

The most universal disease in the world and one of the most serious is tooth decay, not only because of the loss of the teeth but because of the serious injuries to other parts of the body that arise from infected teeth when the infection is spread through the blood stream and lymph circulation. These injuries are often considered separate diseases. They may involve either the eyes, heart, kidneys, muscles, nerves, or other tissues.

The problem that brought us to this beautiful country is part of our study of the cause of tooth decay and the means for its prevention. Happily our investigations of primitive peoples in several countries have thrown an important new light on both parts of the problem. We accordingly came to study as nearly primitive Eskimos and Indians as may readily be found and other

groups in various stages of modernization, just as we have been studying other races.

The effort was made to study typical individuals. For the Eskimos we have gone to the lower Kushokwim—where they are using their natural foods—and for the modernized Eskimos to some communities where they have been in contact with and using modern foods. In addition to an examination of the teeth, samples of saliva were taken and preserved in formalin and sent to my laboratories in Cleveland for chemical analysis by a method that I have developed which reveals whether teeth would be likely to decay in the mouth of that individual. The foods were also studied in each case. In our study of the modernized Indians—who are using modern refined foods—in southeast Alaska, every person examined had more or less serious tooth decay, generally very serious, as is indicated by the fact that forty-two out of every hundred teeth examined had at some time been attacked by tooth decay.

Of the primitive Indians and Eskimos studied only about two individuals in every hundred have ever had a single tooth attacked by decay, and less than five teeth out of every thousand teeth examined have ever been attacked by decay.

Altogether we examined seven hundred and fifty individual Eskimos and Indians in various stages of modernization, making a total of twenty-one thousand teeth. In order to find Indians who had very little opportunity for contact with modern civilization and its foods we went over the divide into the Liard branch of the MacKenzie river where the Indians are largely wandering nomads and where large proportions of them had never seen a white woman before seeing Mrs. Price who accompanied me and assisted in this work.

The investigations of relatively primitive Eskimos and Indians living on the Pacific slope gave an opportunity to study different bands who are using sea foods in large part for their food. It was very important, however, that we find Indians who because of their physical location did not have an opportunity to catch and store the running salmon on the Pacific watershed, in order that we might observe the dental conditions and the nutrition. We found such Indians who were able to produce and maintain excellent skeletal and dental structures on a diet consisting largely of moose which means not only the muscle meat but various organs and viscera.

While the data are not all classified and computed we have found approximately one hundred times as many teeth attacked by tooth decay where Eskimos and Indians were living largely on modern foods as among those who were living on their native foods. Other degenerations were similarly greatly increased. This throws

very important new light on several degenerative diseases including tuberculosis and suggests, if it does not indicate, that many of these processes including tooth decay can be largely prevented not only among the Eskimos and Indians but also among the white people as well. It is very important that assistance be given as early as possible along the line indicated by these investigations.

It will be interesting to know that while we have seldom found more perfect teeth and so high immunity to tooth decay anywhere as among these primitive Indians and Eskimos, we also have seldom found more rampant tooth decay anywhere than among these same people when they have adopted modern foods or among the white people and breeds living on these imported foods of modern civilization. My chemical studies of the blood and saliva and of the foods eaten in other places have indicated the cause of tooth decay to be too low a content of minerals, chiefly phosphorus, in the food eaten, and also too low a content of fat soluble vitamins in proportion to the energy and heat producing factors, which latter fully satisfy the appetite. Our bodies need about two grams of phosphorus a day for adult people and nearly twice as much for growing boys and girls and expectant mothers and in sickness. This can only be provided by restricting the food to those kinds that supply phosphorus liberally.

There are only a few foods which provide enough phosphorus and other minerals to supply the body's needs for making blood, tissues, bones, and teeth. One of the best foods is fresh milk from cows on grass. One of the next best is fish or seafood of any kind. Another good source is foods made from fresh ground wheat, oats, or rye, providing the entire grain, including the embryo, is used.

In making the white flour in general use today approximately four fifths of the phosphorus is removed and nearly all the embryo.

Sugars of all kinds carry practically no phosphorus or vitamins. White flour products, vegetable fats, sweets, and most animal fats provide energy and heat, but furnish practically no phosphorus or other minerals. These are the fundamental causes of tooth decay which is so nearly universal with all individuals who adopt the foods of modern civilization.

Of course, teeth should be cleaned regularly, just as the hands and face should be, but it is of great significance that in our studies of primitive people in many places, including the outer Hebrides and isolated Alpine valleys of Switzerland, we have found them to be almost completely immune to tooth decay, but they were not familiar with the toothbrush or modern tooth pastes. Those, however, who were modernized

and using these desirable adjuncts had rampant tooth decay in spite of them.

The same food deficiencies which cause tooth decay often greatly lower resistance to disease of all kinds, including tuberculosis, and this is one of the principal reasons why the modernized Indians and Eskimos die off so rapidly from tuberculosis when they adopt the white man's modern foods.

Examples of very poor foods, because they supply chiefly heat and energy and are very low in minerals and vitamins, will be the following: Pancakes and syrup, doughnuts and coffee, pastries and pies. Eight tenths of a pound of dried fish per day will supply all our needed principal fat soluble vitamins, and fresh fish is even better. Fresh milk is excellent, but it is not generally available in Alaska.

The internal organs of animals and fish when eaten with the meat are splendid sources of the chemicals which the body needs.

We might compare our bodies to the airplane which we used. Ordinary gasoline and lubricating oil will not repair worn parts and wear is accumulative and must be corrected by replacement.

If the pilot could buy gasoline that would not only provide the energy but also continually replace the worn parts and progressively increase the strength where needed, even make a small sized airplane become larger, we would have a condition comparable to our bodies in the selection of food.

Modern civilizations are selecting the foods that give energy, satisfy hunger, and provide heat; and forthwith begins the process of wearing out, which is progressive death.

The foods of the primitive Indians and Eskimos were sufficiently high in minerals and vitamins to maintain liberally the body's needs. They were accordingly able to make blood of high efficiency in minerals and other chemicals, such that they had the kind of saliva that provides immunity by the environment it furnishes for the teeth.

In the absence of eating fish at least once or twice a day the people of Alaska could greatly benefit their condition, particularly that of growing children, by supplementing their diet with fish oils, such as cod liver oil, about a teaspoonful with each meal, or with high vitamin butter or both. The eating of whole wheat bread instead of white bread, and the eating of fish liberally would very largely prevent tooth decay. Still better would be the addition to this of milk products. The sugar used so widely does its chief harm by satisfying the hunger, providing heat and energy so completely that the appetite is satisfied before sufficient of phosphorus and calcium bearing foods have been eaten.

The primitive Indians and Eskimos had no source of high energy foods which did not at

the same time provide a source of minerals and vitamins. These sources are still available for all people living in Alaska if they will be careful to utilize them and not displace them with the high energy but low mineral and low vitamin imported foods.

Decay of the teeth is only one of the symptoms of nutritional deficiency. It is not a disease but, like rickets and scurvy, is due to the absence of certain things in the food and is corrected by supplying them. Similarly, a lowered defense for certain types of infections, such as tuberculosis, acute rheumatism, and some forms of arthritis, is not only largely caused by the absence of these factors but also can often be greatly relieved and an adequate defense provided for combating them by providing a suitable high mineral and high vitamin diet. The livers of animals including those of fish, as well as several other internal organs, are storehouses of these vitamins to carry the fish over the long winter with its poor food. Scurvy, which is due to a lack of vitamin C, can be largely cured by eating the adrenal glands which are very rich in this vitamin. This gland is just above the kidney. Raw cranberries are also rich in this vitamin.

One form of eye trouble is caused by the lack of vitamin A, which is found in the back part of the eye of any animal or fish. This vitamin is easily destroyed by long cooking or if exposed to air.

It should be remembered that the vitamins are natural activating substances which are provided in certain natural foods and are chiefly created by sunlight on the plants through the green leaves. Fish and animals eating them store them in their tissues and in special organs. Similarly, the minerals which are taken from the soil are built into living compounds or organic structures in which form they and the vitamins are the principal building blocks for living tissues.

Plants store their phosphorus in the seed to make a new plant possible. We should eat all that nature has put into these seeds. Wild animals do. They also eat the internal organs and glands and seldom suffer from tooth decay or disease, but when given our modern demineralized flour and high sugar diets for experimentation or otherwise, their defense for disease is, like man's, rapidly lost, and many of them develop tooth decay, get weak, and die young. Modern civilization is unwittingly killing itself off. The primitive Indians and Eskimos were safe because their natural foods provided ample minerals and vitamins.

8926 Euclid Avenue
Cleveland, Ohio

Here's *the* Real Rub *in* RECIPROCITY

By JOHN P. BUCKLEY, D.D.S.

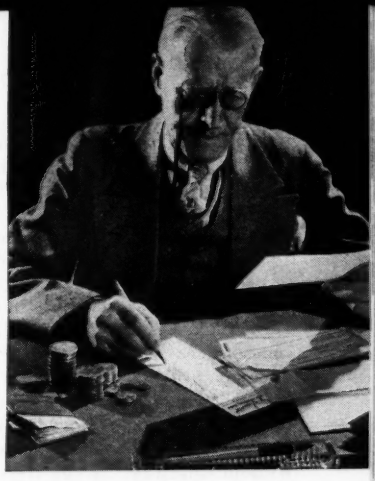
IN response to your recent request for my personal and frank opinions and reactions in regard to the "license reciprocity" matter, may I say that I have no desire to enter into a discussion of this problem, but I also know of no good reason why I should not formulate my ideas and answer, through the pages of ORAL HYGIENE, the questions which are continually being put to me personally every time I leave the widely extended boundaries of my adopted state of California. Therefore, as a matter of fact, I really welcome an opportunity to put my views in print.

As I view it, there are at least four major reasons why men desire to change locations after having practiced in a community for a period of years.

First, there are a few practitioners who, by thrift and frugality have amassed a sufficient fortune on which they can live. Many of these men (if there are many), while they have worked hard through the years, are still in good health and feel they have a right to play for the remainder of their lives so they decide to "pull up stakes" and come to the recognized play ground of the world —California. They never thought, if indeed they thought at all, that the old adage could be correct if stated in reverse, viz., "All play and no work makes Jack a dull boy." They have been real he-men in the past or they would not have achieved their money success—note please that I say "money success." Professionally, this may or may not mean much, but still, being he-men and in fair or good health, they will simply die of "dry rot" if they have nothing to do but play. They realize this after a year or so in the new field. Then they would like a license so that they can play with dentistry and work with play, if you get what I have in mind. Just to "play with dentistry" does not advance the standing of the profession whether in California or Illinois.

Secondly, there are those who are forced to change their locations in order to regain their lost health, or the health of some member of the family. Many of these men are at least

"First, there are a few practitioners who, by thrift and frugality have amassed a sufficient fortune on which they can live."



in middle life and, if ill themselves, must depend on family or friends for their support, or practice part-time while making the recovery, as many of them arrange to do. Losing one's health, though inconvenient and disconcerting, is no disgrace. Personally, I hope it is not. Necessarily then, under present conditions, such individuals must have a license to practice. Quite frequently many in this class would grace a profession in any state.

Thirdly, there are men who find it convenient to change locations because of domestic difficulties. This may or may not be through any fault of their own, but still they come.

Fourthly (and here is the real rub!), there is what I shall call a "floating population" in every state. What do I mean by this? By "floaters" in our profession, I refer to that definite percentage of graduates from dental institutions who receive their original licenses, let us say, from some Eastern state where they start in to practice—making perhaps a bare living. They are never much interested in dentistry as a profession, except as a means to a selfish end—a livelihood.

After a few years they drift westward to another state, perhaps some large city in Illinois or other midwestern state, stay for a few years, and drift again. Their ultimate aim in almost every case is to reach the Pacific Coast finally—perhaps, and in most instances, California, where it is thought they can live on sunshine and flowers. They are old men now, never having added anything to dentistry wherever they have been, nor will they here.

Under present conditions the only preventive is the lack of reciprocity; and I think this is a valid, necessary, and good one to have when we have in mind the maintaining of a high standard for our profession, whether it relates to your state or mine. And having practiced for twenty years in Illinois, and having been an invited guest through the years to most of the state dental societies in the United States and Canada, I can say without hesitancy (for

personally I have had little or nothing to do with it) the standard of dentistry in California is second to none.

On the thirteenth of June, 1933, I completed fifteen years of practice in California. During this period I have not known of a single dentist licensed here who has returned East to practice; but I have known of hundreds who came to take the State Board Examinations and who passed without difficulty. I can truthfully say that I have not known of a single instance of failure in which the applicant made an honest attempt and deserved to pass, stories to the contrary notwithstanding. It is possible that there may be a few such cases with which I am not familiar. Good men who come here from other states are welcome, and in southern California many of them are present and past officers of the local and state societies and leaders in the profession, helping to maintain the standard of which we feel justly proud.

After I had taken the Board examination, now fourteen years ago, having been in practice twenty-one years at the time, I felt it would be a good thing for the profession in general if every dentist was required to pass an examination every five or at least every ten years; and I think it may be said that my advantages, as teacher and practitioner, had been above the average.

The practice of dentistry today is in no sense what it was when some of us qualified twenty-five, thirty, or forty years ago; and because we were qualified then is no evidence that we are still qualified to practice modern dentistry in all its ramifications, medical and otherwise. Some of us may not want to admit this, but it is nevertheless true. Many of the conclusions of dentists today who are called upon to make a diagnosis which involves a knowledge of bacteriology, *et al.*, do not reflect much credit on dentistry as a profession. You asked me to speak frankly. To do so is my nature.

California has three dental schools, all class A, each with an attendance above the average. Two of these schools are located in San Francisco and one in Los Angeles; and fully ninety-five per cent of the annual output is absorbed by the state. This, of course, is our problem—not the problem of the man who would like to locate here; but nevertheless it enters into and colors the picture under discussion. It is true that California has grown rapidly in population in recent years. Whether or not the influx of dentists from other states has proportionately increased with the population, I do not know, but one thing can be assured—those that do come and successfully pass the Board, stay here for life.

California, as it were, is the end of the trail. *Statistics recently published, show that the state has more dentists per population than any other in the*

Union. For some years past at least ninety per cent of the dentists came, took the State Board Examinations in southern California, and located in this part of the state. For a number of years past the applicants for examination were just about equally divided between those from other states and graduates from the local schools. For the past year or two this has not been true.

The majority by far of the older men, say past forty years of age, who are practicing dentistry in southern California came from somewhere back East. Most of the younger men here now graduated from the local school. A few figures regarding the Taft Building in Hollywood, in which my son and I are located, may be of interest. We have at present sixteen dentists in the building; five of this number, all quite recent graduates, are from the local school; one, also a young man, graduated from one of the schools in San Francisco. The other ten are all from the East and most of them, except myself, are well along in years.

In the building there are at least twice as many physicians as dentists, and I do not know of a single one of them who is a native son or who even lived in California before graduating in medicine. Outside of the downtown area in Los Angeles where most of the older dental residents are located, I feel that our building is a good index of the conditions which prevail all over southern California. These facts may or may not mean anything in relation to our subject. I give them for what they are worth.

I know of a number of dentists who came to California and, while here, passed the State Board, procured their licenses, had them registered, and are still located at the old stand. In the event they decide to come here later they may do so with perfect freedom.

A few years ago the American Dental Association changed the Administrative By-Laws so as to provide for a National Board of Dental Examiners; and, accordingly, such a board was appointed. To date, the position seems to have been more or less honorary, but it need not be so. Referring to the National Board, recently one of my good friends remarked that membership thereon was his idea of nothing to do. Even though the situation is complex and difficult, there is much that a properly organized and properly functioning board of the kind can do.

The problems relating to license reciprocity are not incapable of solution—California notwithstanding. Mountains, valleys, ocean, sunshine, flowers, year-round delightful climate, men will not come to California, in any great numbers at least, to practice dentistry or to engage in any other business unless the opportunities for getting a foothold are as inviting as those found elsewhere. You can't live long on

sunshine alone; nor can you live contentedly on money with nothing worth while to engage your mind. There is a hunger in every human heart which money never supplies.

I started out to be brief, and yet this letter has developed into one of unusual length. There is much more that I could say, but I will not continue longer. No doubt I have more than exhausted my space now, and at that perhaps I may have said just enough to start an argument with your readers. This is not my intention or desire, for with this I am through.

Taft Building
Hollywood, California

FLUORIN CAUSES MOTTLED ENAMEL

A condition of the teeth known as mottled enamel occurs in a number of American communities, and is due to minute quantities of fluorin in the drinking water, reports *The Literary Digest.*

So minute are the quantities of fluorin involved that removal is extremely difficult. At the recent meeting of the American Chemical Society in Chicago several possible methods were discussed by Dr. C. S. Boruff, research chemist of the State Water Survey of Illinois, but Doctor Boruff said he hesitated to recommend any of them until more research work had been done. At present, the best a community so afflicted can do is seek a new water supply.

That fluorin is the cause has been suspected for some time. Final proof was given by the experience of Oakley, Idaho.

The teeth of the school children of Oakley were examined in 1925 by Dr. F. S. McKay and an associate, and it was found that every child who had used the city water supply had mottled enamel, while every child outside the town was free from it.

The water supply was found to have only six parts fluorin in 1,000,000, an extremely small amount. Six or seven years ago it was changed. The new supply contains less than one-half part in 1,000,000.

Last spring Doctor McKay again examined the teeth of Oakley's children. Every child born at the time of changing the water supply or since was found to be free from mottled enamel.

The danger line in the fluorin content of water, according to an account of the Oakley experiment in *The Journal of the American Medical Association,* is about two parts in 1,000,000. Such an infinitesimal amount of fluorin as three parts in 1,000,000 will produce mottled enamel.

By KENT KANE CROSS, D.D.S.

Four *Out of* Five

"FOUR out of five have it!"

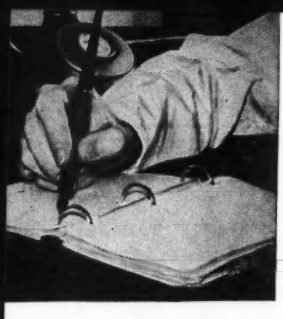
Four out of five people do not have health care—when they need it. Four out of five do not have adequate dental care—only emergency treatment. Four out of five physicians and dentists dismiss a health care program with a damn. Four out of five damn the politician who would run their businesses. Four out of five condemn state medicine at its worst without knowing anything of its possibilities at its best. Four out of five curse panel dentistry before they really know whether such a thing really exists, or what it is all about. Four out of five physicians and dentists believe in health service in the abstract, yet condemn any workable program proposed, fearing it will interfere with the ethics of the professions and the management of their offices.

Four out of five would be individualists in a highly centralized industrial age, where organization and combination are everything, and the so-called independent has no chance.

Four out of five of us turn our backs on the big chance to serve humanity *and our own families* by a complete health program. We dare not fail them! None of us know the solution; but certainly the professions should prepare for a non-objectionable program—health service through the medical and dental associations.

Four out of five professional people refuse to heed the voice crying in the wilderness: "Prepare ye the way!"—the way to save the now neglected four out of five!

4040 East Second Avenue
Denver, Colorado



BROTHER BILL'S LETTERS

Series IV—No. 4

By GEORGE WOOD CLAPP, D.D.S.

MY dear John:

After lunch Dick said, "I've cancelled my appointments until three o'clock. Let's sit down and have a smoke."

He led the conversation back to college days and old acquaintances, and when this line had run long enough, I said, "Dick, I don't want to bore you beyond endurance, but what you told me this morning interested me so much that I wonder if you would let me bring the subject up again and ask some questions."

"Certainly," said he. "I didn't know it would be of interest to anybody except ourselves. Ask as much as you like."

In reply to a series of questions he gave me answers which I shall here make into a connected story.

"Our plan for calling people into the office and telling them about lower fees and easier terms would not have been nearly so successful but for the direction given it by Miss First. She asked, 'What are we going to tell these people if they come in?'

" 'Why,' said I , 'that we will do their work for less money and let them pay by the month.'

" 'That interests us, but what is there about that to make them insist on having dental service when they are cutting out everything but essentials?' she asked.

"'Isn't dentistry an essential?' I countered.

"'To us, yes. To many of them, no,' she answered.

"To make a long story short, it appeared that, some months before, she had subscribed for a correspondence course in salesmanship and had been studying diligently. 'Doctor Atby,' she said, 'I have heard you talk to hundreds of people. You have always stressed oral health and service, and under ordinary conditions this has kept the office busy. But these are not ordinary conditions, and we are not busy. I believe we might be more successful in our new plan if we could apply some of the principles of good salesmanship.'

"She must have noted the expression on my face, for she said: 'I know how you dislike the words "sales," "selling," and "salesmanship" in connection with a profession, and I too dislike them. But they are not words for us to use to the public; they are only study words. We don't need to say them out loud even to ourselves if we don't want to.'

"'Can you tell me,' said I, 'of anything those words mean that is not meant by some other acceptable words?' 'For a long time I couldn't,' said she, 'but now I think I can. We may interest and instruct a person and even lead to the conviction that he ought to do something, without getting it done. Action comes only when we break through some one's natural reluctance and make the thing we present more important to his self-interest than something else he planned or wanted to do. Breaking through this reluctance is accomplished by the art of salesmanship, and when you get directions from the patient to proceed, that is a sale of service. But we don't have to call it that.'

"Perhaps the fact that we didn't have to say those words out loud, and that we never used them in the office, soothed my feelings, and I asked, 'What else did your course teach you that might be helpful?'

"'It suggested,' said she, 'that any one who wished to

plan a selling campaign should divest his mind of any technical knowledge he might have of the subject and try to approach it entirely anew as a consumer, who might ask himself three questions, as follows: "What do I want? Why do I want it? What can I pay?" As a lesson for home work I was instructed to regard myself as a shoe manufacturer and plan a sales campaign.

" 'Under the first question I decided I needed shoes for sport, for street wear, and for social occasions. I wanted them to have comfort, pleasing appearance, and durability.

" 'Under the second question I wanted these shoes to protect my feet from injury, to conform to social customs, to protect my health from the elements, and to form a pleasing part of my costumes. Under the question, "What can I pay?" I felt that I needed to pay a price that would buy good material and labor so that the shoes would be economical, but I could not afford mere luxury.

" 'I needed shoes and went shopping to see how well dealers would visualize my requirements. None of them found out in detail what I wanted or why I wanted it. Most of them merely registered their own impressions, and we tried shoes by chance until we had them scattered all over several of the places.

" 'In the last place I visited, the salesmen asked what kind of shoes I wanted and took me to a sample case, where I picked out the style by number. When he had removed my shoes, he had me stand on a clean sheet of paper and traced a pencil outline around each foot. He measured this for length and width at ball and heel, went to a rack and returned with two pairs of shoes. He put the first pair on my feet and asked me to walk up and down a number of times on a long strip of carpet.

" 'When I put the pair on, I liked it very much, but after walking a while I felt that it would be too tight for all-day use. After trying the second pair I knew they were what I wanted and they have never given me a moment's discomfort.

" 'To settle my third question, "What can I pay?" the salesman pointed to the firm's excellent reputation, showed me that the leather and workmanship were good, and satisfied me that the shoes were excellent value for the money. They have proved to be so.

" 'The next lesson required me to think of the three questions, "What do I want? Why do I want it? What can I pay?" as three boxes with transparent sides. I was now to divide among the boxes all that I knew about materials and labor for shoes and also all I could think of that would make shoes comfortable, attractive, and economical to other consumers. I might put as many facts and ideas into any box as I liked and redistribute them until I

was satisfied. Then I was to look at them only through the sides of the boxes—that is, only in the light of the questions which the boxes represent—and prepare a sales talk.

" 'As I think over, in the light of these lessons, the talks I've heard you make to patients, Doctor Atby, they seem to me to be mostly from your point of view. Of course they included the patient's welfare and sometimes the patient's habits, but, generally speaking, they were of a dentist, by a dentist, and for a dentist. Perhaps if we were to step entirely outside ourselves and try this transparent box business, we might devise some more interesting and persuasive talks.'

"Well, sir, you'd laugh to see how we three went at this, after taking a practical case for trial. And I got the surprise of my life! I had tried to keep myself broadminded, but you've no idea how narrow I'd become. True enough, I always saw the patient's welfare, but mostly from my own point of view. Miss First and even Miss Second beat me all hollow, using information they had heard me use. It was the same information, but they handled it in a much more persuasive way.

"For about a week we had practically no patients and so we practiced. For me it was a week of trying the same idea first in one of the three boxes and then in the other two and of more study of back numbers of our journals and of books for information than had occurred in a long time. At the end of the week I had the following principles as the foundation for a talk:

"1. Stillman's conception that health is the normal state of the body and mouth, and that we ought to think and talk health and not disease.

"2. That modern living conditions offer us new and greater blessings than ever before and new and greater dangers. Fones's* experience has shown that, with wise discrimination among the living habits and with good home care of the mouth, a g r e a t l y reduced amount of dental service is required by the individual patient, but the number of patients can be increased because of lower cost.

"3. That the discrimination and care which guard the health of the mouth guard also the health of the body. As a result, the cost of medical care is usually lessened, sometimes by enough to pay for the dental service and have something left.

"4. That most adults have suffered enough oral and bodily damage so that they cannot start from what might be called 'physical scratch,' but none of them could start better or sooner than today.

"5. That dental service is expensive because damage and often deformity have been allowed to occur and sometimes to become serious before cor-

*_The Dental Digest_, Vol. 34 (1928) and Vol. 35 (1929)

rection was made. If damage were prevented or corrected early, many people would not find the best of dental service expensive, advice being considered as much a part of the service as dental work. I put this into a sentence I use very often: 'The dentist is expensive only when he is neglected.'

"When I had put these ideas and some others into Miss First's three boxes and viewed them through the sides, I found that patients wanted a pleasing facial appearance, oral comfort, good general and oral health, and economy. They wanted these things because they contributed to success in all its forms and to satisfaction in life. Sound teeth in healthy tissues were necessary for these results. All the teeth had to be present to keep the face in good form and free from wrinkles. Gums must be kept healthy.

"I believed that if my perception and conception and office organization were good enough, patients could afford to pay the fees we had fixed and find the service economical in all the best senses of the word.

"When I had this story planned, Miss First began to telephone old patients, saying that I had something to tell them which might be very interesting and asking if they would come to the office. She made appointments in the regular way, but without charge, of course. The girls listened to my first few stories and corrected them, but after a while I got along very well.

"I met patients in the business office, did not look in a mouth, and did not mention any operation. I explained that all of us were limiting expenditures to essentials; that unless mouths were watched, they would go to pieces faster than usual because of high nervous tension; that neglect of such conditions would lead to destruction and deformity that would be expensive and might not be correctible; that we had perfected a plan that would be comparatively inexpensive for protecting the mouths of our patients from destruction and their faces from deformity; that we had reduced our fees by 20 per cent and would make the terms of payment comfortable.

"We were dumbfounded at the reception. One little old lady whom I hardly expected to interest said, 'Doctor, I've been waiting years to hear some dentist tell me just that story.' Others asked us pointedly, and some of them sharply, why we hadn't told them that years ago.* To them I replied truthfully that while portions of the conception had been discussed in the profession for some years, the conception as a working whole was new to me, but it was vouched for so well as to be beyond doubt.

"The patients christened it 'Health Service,' and many of them wanted it to begin at once.

*These things occurred just as described. —G. W. C.

They said that they would have to accept the least expensive forms of repair until times were better, but that they wanted the health service. As many of them needed a series of sittings, the appointment book began to show more names. We stood by our lowered fees and easy terms. For three months we did not take in more than enough money to exist, but after that the tide turned. Since then I have spent $2800 on the office and am paying the monthly installments of $72 and a supply bill of from $150 to $170 per month. Our gross and net are below our former averages, as I told you, but we are doing quite a lot of charity and semi-charity work and are getting by. And I believe we are rendering an important public service."

Dick and I walked along toward his office. There is an old-fashioned hotel on the way, with chairs out in front. I took one and watched people as they passed and I tried to guess their ages in years and in tissues. I believed many of them to be tissue-old who were not old in years, and I thought I could see that the man who is tissue-old has not the same vigor of attack on the world as those who are old merely in years but not in tissues. I wondered how much younger in looks and feeling they would be if they had had Dick's kind of dental service from childhood. Looking at these people through Miss First's boxes, I saw that they needed to look young, to feel young, and to prolong the power of effective attack on the conditions amid which they must live, move and have their being. And for that they needed good teeth in good positions in healthy tissues or some of the pleasing and efficient substitutes that recent advances in prosthetic service make possible.

They could afford to pay fees fair to themselves and the dentist because in all the best senses of the word, the service would be economical.

Miss First was teaching *me* things also.

Yours,

Bill

220 West 42nd Street
New York

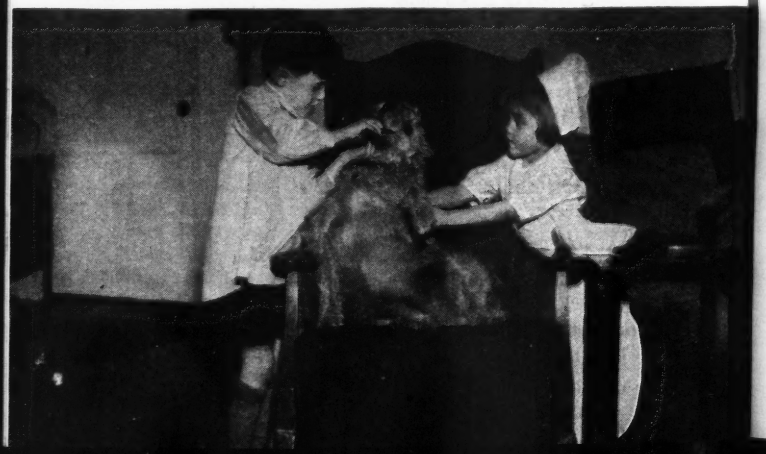
NEW EASTMAN CLINIC

Dr. Harvey J. Burkhart, friend and associate of George Eastman, on October 20, in the presence of Queen Elizabeth of Belgium, laid the corner stone of the Eastman Dental Clinic given to the city of Brussels by Mr. Eastman.

Dr. Charles Scott Hanks, pictured here with his granddaughter and her husband and three of his five great grandchildren, was 81 years old in October. He still spends every day from 8 to 6 in his office in Oneonta, New York, practicing his specialty, orthodontia.

He enjoys taking walks and rides and can beat his grandsons pitching quoits or shooting a rifle at targets.

Incidentally, he could find little fault with the technique employed by his great grandson and his great granddaughter, who is the operator's able assistant, in extracting a troublesome molar for his dog Lucky.



Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Letters of special interest will be published.

TONGUE HABIT

Q.—I have a case in which, so far, I have been unable to give much relief.

Two or three years ago the patient began "fighting," as he calls it, one of his lower anterior teeth with his tongue. That is, he always had his tongue against it. It was examined by several dentists who found nothing abnormal. The patient finally had the tooth removed.

Soon afterward he said he began "fighting" one to the right of the one removed. He came to me about six months ago. I found nothing wrong but put a thin gold crown on the tooth bothering him.

For a while all went well, but he began a short time ago to "fight" it again.

There are no deposits on the root of the tooth, nor anything else visible to cause annoyance.

What do you suggest that I do?—L. P. C.

A.—Your case is not so very uncommon. Orthodontists find many cases of tongue and lip habits. For the most part these habits have to be overcome by the individual possessing them. To be sure the correcting of malocclusions helps but the success of orthodontic procedures will be defeated in many instances unless pernicious habits are overcome.

It might be that your patient's bite has closed from wear

or always has been abnormal and is, in part at least, responsible for this tongue habit. If such is the case, raising the bite might help overcome the habit. But in any event it is largely up to the man to stop "fighting" teeth with his tongue. If he does it in his sleep I would suggest making a vulcanite splint for him to wear at night. This splint could cover the occlusal and incisal surfaces of all of the mandibular teeth.—GEORGE R. WARNER

●

PERSISTENT TRISMUS

Q.—What do you consider the proper treatment for a case of trismus persisting for six weeks after the extraction of a lower third molar?

I have recently seen a case (not my own) in which the patient does not now suffer pain or tenderness, but cannot open her mouth to separate her teeth more than half an inch. A specialist and a surgeon have been consulted, but they could not help her.—J. E. W.

A.—Infra-red light treatments are recommended for such cases. Hot irrigation with a mild saline solution inside the mouth; hot and cold wet packs alternating outside; and exercise, such as gum-chewing, should all help also.—V. C. SMEDLEY

●

WHO SHOULD TREAT VINCENT'S INFECTION

Q.—A few cases of Vincent's infection, diagnosed as such by different authorities including the State Board of Health, have developed in our community. A local physician has stated that these cases do not belong to the dentist—that they are not in his field. He says also that local treatment will not cure Vincent's any more than it will syphilis. When I think arsphenamine or neoarsphenamine is indicated I refer the patient to the physician. Otherwise, I give treatments myself.

What is your opinion?—W.

A.—It is our opinion that Vincent's infection of the mouth comes solely in the field of the dentist. It is true that systemic conditions may in some cases have a bearing but that is also true of pyorrhea and dental caries. It is quite within your province to make intravenous or intramuscular injections in the treatment of Vincent's infection of the mouth. If you wish to have a physician make these injections, well and good; but these injections without local treatment are of little if any value except possibly in the case of young children.—GEORGE R. WARNER

●

TOPICAL ANESTHETICS

Q.—What drug or non-proprietary medicine can be applied to the soft tissues to anesthetize them so that no pain will be felt when the needle is inserted in giving a local anesthetic?—S. H. S.

A.—Anesthesin, which according to Gould's *Medical Dictionary* is paramidobenzic acid ester, is a topical anesthetic and

is used as the base of some of the proprietary topical anesthetics.

Butyn is a trade name for a topical anesthetic used a good deal by physicians and is a synthetic material.

Orthoform is a topical anesthetic and can be used in its original form—a white powder—or in solution.

Cocaine can be used in combination with phenol and/or other drugs and is quite effective, but tropococaine hydrochloride is probably more effective than cocaine as a topical anesthetic.—GEORGE R. WARNER

●

PULP NODULES

Q.—Pulp stones are forming in several of the teeth of one of my patients. The patient comes to me with the information that her former dentist had her on a diet to prevent them. Personally, I know of no diet that will affect such a case. Can you give me more specific information?—R. G. N.

A.—Not a great deal is known about pulp nodules. We do know, however, that they are very common and that known ill results are very uncommon.

Doctor Stafne, of the Mayo Clinic, shows in a recent article that pulp stones seem to have no relation to lithiasis elsewhere in the body.

It was formerly thought that they formed as a result of irritation from decay or fillings but they are common in unfilled teeth and even in unworn teeth, and are also found in the teeth of children.

It is probably safe to say that diet will have no effect on them after they are formed, and so far as I know it has no preventive effect.

Cases have been reported in which pulp nodules caused pulpitis and death of the pulp and, naturally, metastasis, but, as I have said, these cases are so rare that we may ordinarily disregard them.—GEORGE R. WARNER

●

SENSITIVE AREAS

Q.—One of my patients—a man about twenty-eight years of age—has hypersensitive gingival areas on all bicuspids and molars in both arches. While there is a little recession there is no erosion and no caries. Until I administered a solution of zinc chloride to these areas and dried them with hot air, he could not brush his teeth.

Although I can usually relieve the sensitiveness of these areas with but one application, some of the areas are a trifle sensitive yet although the pain is almost all gone now. I have used formalin once but am getting results with a 50 per cent solution of zinc chloride. Do you think this solution too strong?—E. R. C.

A.—Fifty per cent zinc chloride is not too strong for application on sensitive tooth necks. We use a saturated solution of the pure crystals for this purpose.—V. C. SMEDLEY

RESTORING ABRADED TEETH

Q.—I have a patient whose teeth—32 are present—are abraded to the gingival third. The occlusal surfaces are smooth; no cusps present, but all teeth are in sound condition. Two thirds of the original intermaxillary space has been decreased.

Assuming that all his teeth are healthy at the periapical ends, would you consider opening the bite to eliminate some of this abrasion? The only way I see to handle this case is to restore the missing tooth structure with cast gold restorations, but on the other hand that would cause interference with the condyle paths.

If the abrasion continues, the teeth will be worn off even with the gums. Then what will happen to the intermaxillary space when full dentures are made? It seems to me that there would not be sufficient space left for the dentures. So, there is a problem in either case.—E. R. C.

A.—By all means the normal jaw relation should be restored in this case by the placing of the hardest gold inlays, overlays, or crowns, preferably porcelain jackets or porcelain veneer crown, for the anterior teeth.

Dr. E. E. Bailey, Republic Building, Denver, has presented a perfected technique that is ideally applicable to this particular case. This technique was published in the October, 1932, issue of the *Journal of the American Dental Association.* If you have difficulty locating this article Doctor Bailey has some reprints and will mail you one, if you will write him.—V. C. SMEDLEY

•

EXTRACTING DIFFICULT ROOTS

Q.—What, in your opinion, is the best and shortest way to remove roots when a tooth crumbles or breaks off during extraction? I had to work two and a half hours before getting out all the roots of a tooth recently. This method is very hard on both the patient and operator.—J. S. D.

A.—Your x-ray should be a guide as to the best procedure to follow in removing such roots. If they are not locked in by exostosis, single rooted teeth, or the separate roots of multirooted after separation at their bifurcations, can usually be lifted out quite readily with an elevator. In some cases where the elevator does not suffice, it is feasible and practical to cut a thread into the walls of the canal and set a screw firmly enough to extract the root.

In other cases the simplest and best procedure is to run a fissure bur well up toward the apex in the root canal and, by working it back and forth, cut the root in two longitudinally, after which it is a very simple matter to remove one half at a time.—V. C. SMEDLEY

PEAKS

and

By FRANK A. DUNN, D.D.S.

POKES

He might have reached the topmost
rung
Upon the ladder of success
If he had only grasped and clung,
Determined that he would pro-
gress;
He wouldn't make it, that I knew,
He's only up about two thirds,
I could have told him what to do
In less than half a dozen words;
He would have gone without a stop
And now be standing at the top.

But thinking of it makes me doubt,
I'm not sure of it, I find;
There's something I forgot about,
Perhaps I'd better change my
mind.
I'll be as silent as a clam,
Because it's best that I should be
Quite watchful hanging where I
am—
He might come tumbling down
on me.

Dr. Charles Vosmik, orthodontist, (associate of Dr. F. M. Casto) has a patient who actually found a twenty dollar bill in a hotel room Bible. The man who planted it there certainly accomplished his purpose. The patient, Charlie Vosmik, and everyone they have told about it, never fails now to look through Bibles in hotel rooms—and here's hoping *you* will find a twenty.

Dr. Herbert Hoppe, eloquent speaker and president-elect of the Cleveland Dental Society, had two months in which to prepare an address of extreme importance. He spent two weeks writing it, then almost worked and worried his head off during the next six weeks preparing for its delivery. The address went over big, and one man in complimenting him said, "But then, doctor, with you it's a gift."

The late Dr. Will Whitslar was taking the full names of the freshman dental class. "John Theopholis B r o w n," answered the student next to me. "How do you spell your middle name?" asked the doctor. Being a smart man he spelled it for him. In a moment the doctor turned to me with, "And your full name?" I answered, "Frank Arthur Dunn." And so reads my diploma. It's Alowishus.

Rose Building
Cleveland, Ohio

W. Linford Smith
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

CONSIDER THE DINOSAUR HOW HE ISN'T

THE above mentioned animal with the nobly curving and highly ornamental midriff no longer responds to the roll call of present-day denizens of land or sea. Here and there, however, over the vastness of the earth there still survives a mammoth and awe-inspiring three-toed footprint which records in imperishable stone a record of the place where the mighty dinosaur *once stood!*

What happened? Why is this titan no longer with us? Who is responsible for his disappearance?

Personally, of course, the dinosaur is in no position to be annoyed by any investigation. Even a Congressional Committee is powerless to elicit a statement regarding the intimate facts of life as they apply to his final departure from the scene where he had once no doubt been regarded as a devil of a fellow.

The hints which were inadvertently dropped along the pathway of his sudden exit read something like this:

His was a highly specialized form of life which came to its most perfect fruition in a long, long ago period of earth's development. The geologic and climatic conditions which had produced this highly specialized form began to change very rapidly, much more rapidly in fact than the dinosaur was able to adapt himself to such changes. In other words, this strange creature, once among the mightiest

and most formidable on the earth, passed utterly out of the picture simply because he was unable to adapt himself to changes in his circumstances and environment.

From the chaste and informative facts of life regarding this egg-laying mammoth, we of the dental profession may easily garner a few nourishing and highly important lessons.

We are, as a profession, unique and highly specialized! We are outstanding in the world of public health service. We have been called into being by conditions whose comparatively sudden development forced us to build up and advance to the point which we occupy today. Having reached this point, we are confronted by an environment which we cannot escape, and which is changing with a breath-taking rapidity.

In the mass, humanity is beginning to realize that death and disease are *not* inscrutable acts of God to which they *must* supinely submit "when and as" they are dealt out.

Almost overnight has dawned a general realization that prayer and incantation do not avert the awful consequences of the bite of a rabid animal, but that the Pasteur treatment is almost uniformly successful. Therefore, if a man is bitten by a mad dog, he simply *must* have the Pasteur treatment!

Beholding on the playground of the public school the indisputable evidence that the children of the well-to-do are not only better clothed, but usually more robust and healthy than their own, the parents of so-called underprivileged children are beginning to cry out against a somnolent social order which permits such a state of affairs to continue. To the former essentials of food, clothing, and shelter is now being added in our mass psychology the essential of health.

Lengthy committee reports and massive volumes of "facts" and statistics go largely unread and still more largely uncomprehended, yet here and there brilliant individuals *have* read and carefully digested these authoritative sources of information, and with the directness of genius, have plucked the palpitating heart of them from the

overwhelming obscuration of verbiage and held it aloft so that all may clearly see and accurately appraise its significance.

Consider the following:* If the entire population of the United States were represented by one hundred people, and the entire wealth of the same nation by one hundred dollars, and the relative proportions of wealth and its distribution among our people were to remain unchanged in this reduced picture; one man would have fifty-nine dollars, twenty-two people would have a dollar each, and *seventy-six people* would have *slightly less than seven cents apiece.* Figures and conditions such as these are practically paralleled in the distribution of dental care according to Dr. Herbert E. Phillips of Chicago, who has applied himself to this study for many years.

Herb insists that this profession of ours must not be guilty of the tragic mistake made by the dinosaur ages ago. He proposes that, in spite of the fact that all branches of public health service have become highly developed and of tremendous significance as they exist today, they must be willing to inaugurate proper and adequate changes in the extent and manner of their distribution. This change in distribution requires that our profession provide from within itself a proper augmentation and adaption of our present professional organizations so that they may far more adequately care for the dental needs of all of our citizens.

No one can come in contact with Doctor Phillips without feeling the sincerity of his desire for a progressive dental organization pledged to a better and more widely distributed dental service for humanity.

ORAL HYGIENE regards the contribution from the pen of this modern crusader (pages 1792 to 1801) as among the most important of its offerings to its wide circle of readers in many months.

---

*These figures are excerpts from a volume by Doctor King, of the University of Pennsylvania.

INTELLIGENCE

BECAUSE of intelligence, man dominates the world. Unclad and utterly without tools he would fall a speedy and easy victim to any one of hundreds of his ancient adversaries over whom he stands triumphant and superior because of his overmastering reasoning powers and inventive ability.

Beginning so long ago that its origin is forever lost in the vague mists of our racial yesterdays, man slowly commenced to sense the fact that the *progress of the group to which he belonged was really of more importance in the general scheme of things than his own progress as an individual.*

To grasp fully and actually to square one's life with this simple statement is one of the greatest and most difficult of all human achievements.

Various ceremonies have grown up throughout all races and all civilizations for the purpose of placing a distinct emphasis on this great ideal of group happiness and joy as being something above individual self-seeking.

Among the peoples and races which have come to be called the Western World the celebration of Christmas is the nearest approach we have been able to make toward a definite and material expression of our high ideals of unselfishness.

Nothing as fine, as persistent, and as widespread as this wonderful Christmas Spirit is to be found in man's slow climb upward from his original status as a being only slightly superior to his brute ancestors.

Is it foolish to allow this Christmas Spirit to take the fullest possible possession of us? To yield ourselves and our resources as completely as possible to its strangely fascinating and delightful allurements?

No—a thousand times no!

For in this one instance we (perhaps all unconsciously) recognize the superior importance of the group and place the least emphasis on our personal gain or advantage—and, by this action, give the highest possible proof of our intelligence.

FOR CHILDREN'S DENTISTRY

—$16,000,000

A PROGRAM for systematic dental care for the 1,600,000 school and pre-school children in New York City, to be carried out by the Department of Health, was advocated November 6, by Dr. Shirley W. Wynne, Health Commissioner, before a meeting of the First District Dental Society at the New York Academy of Medicine.

The program, says *The New York Times*, would entail the expenditure of $10.00 a year for each child for the first two years and $5.00 for each child for every year thereafter. The total outlay would amount to $16,000,000 a year for the first two years and half that amount for each subsequent year.

Dr. Charles Gordon Heyd, past president of the Medical Society of the State of New York, endorsed the plan, pointing out that it costs $105.11 a year to educate a child and that an additional $10.00 a year, later to be reduced to $5.00 would be "money well spent."

Dr. Waldo H. Mork, past president of the First District Dental Society, declared that while "the plan would be ideal," the cost made it impractical for the present, as the "entire appropriation of the Health Department of this city is less than $5,000,000 to take care of all the health needs of the people in this city."

This being the case, he added, "I do not see how $16,000,000 could be expended by the city to take care of the dental needs of the children who number one ninth of the population."

As a substitute Doctor Mork proposed a preliminary program "approaching the problem from the prevention rather than the curative angle."

Doctor Mork introduced a resolution, adopted by the meeting, "that a committee be appointed by the president of the First District Dental Society to call upon the Superintendent of Schools, with a view of working out a system for dental education together with the Health Commissioner, to be carried on in the school system of the City of New York, until a permanent plan is evolved for the inclusion in the curriculum of the training schools for the education of prospective teachers, and until adequate dental service can be adopted."

Doctor Mork's preliminary plan includes provisions for a

dental adviser to demonstrate dental conditions to the teacher and to list cases needing dental attention; advice to teachers on how to train pupils in proper oral hygiene and care of teeth; nurses' conferences for exchange of information as to which children need free clinic service and which can obtain private dental service; educating the children on the importance of caring for their teeth, and the examination of pupils to indicate the measure of progress made.

The plan advocated by Doctor Wynne was worked out by Dr. Harry Strusser, chief of the Division of Dental Service of the Department of Health, and has been presented for consideration before the board of directors of the First District Dental Society.

"A great deal has been said and written," Doctor Wynne said, "about the report of the Committee on the Costs of Medical Care. It shows that while $445,000,000 has been spent on dental care only 20 per cent of our population has been cared for, while 80 per cent has received little or no care.

"Now is an opportune time to set in motion a plan for rendering a real service to the children, the adults, and to the members of the dental profession. The plan for the universal dental care for school children should be carefully studied so that proper action may be taken to attain the goal.

"Its adoption will mean the setting up of a real preventive program, just as we have done in diphtheria, and a reduction in the percentage of children suffering from dental diseases will be assured. But above all it offers each and every one of you an opportunity to serve your community.

"The adoption of the program of systematic dental care for the school children will assure the future generation of a fairly good set of teeth and will offer the present generation an opportunity to have their dental needs cared for at costs which can be met. It will provide a majority of the 80 per.cent dental health service."

Doctor Heyd said it was "obvious that public health would sooner or later be under the necessity of devising and promulgating a program for dental care for the community."

Another speaker to discuss Doctor Wynne's paper was Dr. Francisco Maria Ferdandez, former Secretary of Health of Cuba and president of the Havana Academy of Medicine.

DENTIST MADE REVENUE COLLECTOR

Dr. Frank G. Lobban, of Osawatomie, Kansas, was recently appointed a deputy internal revenue collector, with headquarters in the Federal building, Kansas City, Kansas.

By THOMAS G. McMAHON

The Reasons for HIGHER PRICES *on* DENTAL GOLDS*

An Analysis and Explanation from the Viewpoint of the Manufacturer and Dealer.

●

OUR attention has been called to the fact that there is some criticism of the gold manufacturer and dealer owing to the recent advance in prices. It is perfectly natural that these complaints and criticisms should follow the sharp advance in gold prices which was occasioned by the establishment of a World Market on this noble metal.

Any person not acquainted with the facts would naturally draw the logical conclusion that the new prices charged were not consistent with the advance in the cost of the gold involved. Many of the uninformed were laboring under a misconception of the facts in the case. To begin with, there seemed to be a general impression on the part of the profession that all gold prices were advanced 50 per cent regardless of the amount of gold contained in the article. This is far from being correct.

After the price of the principal ingredient, viz., *gold,* of articles manufactured for use by the dental profession, had been standard for years and years, manufacturers and dealers of these commodities were faced with the necessity of making a drastic change in their selling policies. As a temporary expedient this change was met with an advance in selling prices of 50, 40, 30 and 20 per cent. The variation of these percentages was designed to be in line with the variation in the amount of pure gold in the articles to which they applied, taking into consideration the difference in manufacturing cost, plus an endeavor to maintain the same percentage of profit applied before the advance.

As previously stated, this 50, 40, 30 and 20 per cent advance was merely a temporary expedient, to be in effect only so long as the time required to

*Reprinted from *The Bulletin of the Chicago Dental Society,* Vol. XIV, October 12, 1933, pp 16-19.

So that the information might reach the entire profession, the author requested that this article be reprinted from the *Bulletin of the Chicago Dental Society.* This question has so agitated the profession that ORAL HYGIENE is glad to cooperate.

make more definite and satisfactory adjustments to all concerned. No one knew what the gold market prices were going to be from day to day. Immediately after world prices went into effect there was a sharp decline, after which sharp advances took effect, carrying the price of gold from $29.10 on up to $32.28 an ounce in a little over one week. This advance of $3.18 an ounce represents an average increase in cost of dental gold of approximately 12c a pennyweight, but no further advances in prices of dental golds were made up to that time.

We realize that the dentist in no way blames the manufacturer or dealer for the fact that the United States has gone off the gold standard. Anyone dealing in gold must of necessity consider the cost of the gold contained in the articles sold at its replacement value, and consequently advance his prices accordingly. Now there is a question in the minds of many dentists as to what would be considered a fair basis upon which to make these advances. Our attention has been called to the fact that many members of the profession feel that the advance in price should not exceed the increase in the cost of the gold content of the material sold. This method of computation is erroneous and cannot be adopted because it is economically unsound and in violation of all recognized good business principles. The application of good business principles spells success in business and continued service; their violation spells inevitable failure. It is obvious that those who wish to stay in business, especially during these times, must not violate sound economic principles.

The fundamental precept in all lines of business is that of not permitting per cent of expense to sales to increase beyond the per cent of gross profit to sales, and therefore when changes in costs vary the change in selling prices must of necessity fluctuate up and down with a view toward maintaining the same per cent of gross profit, with due consider-

ation given to change in volume, which at this time is an indeterminate factor.

Conforming to the provisions of the NRA and the President's reemployment agreement has increased the per cent of expense to sales to some extent, but this factor has not been taken into account in advancing prices as it is hoped that the increase in volume, due to higher prices, will serve as an offset. This is a matter which will have to be determined later, dependent upon whether the same number of pennyweights of dental gold will be consumed by the dental profession.

To illustrate the point covering per cent of expense to sales, let us take a hypothetical case. Assuming that an article was sold at $1.00 with a cost of 90c, the gross profit would be 10c and the percentage of profit 10 per cent. Assume further that the cost of this article increased 50c, the new cost would then be $1.40. If the selling price was increased exactly 50c it would then be $1.50. The gross profit would be 10c as above, but the percentage of gross profit would be reduced to 6⅔ per cent. It is quite obvious therefore that if a manufacturer's or dealer's per cent of expense to sales was 10 per cent he would most certainly be selling at a loss of 3⅓ per cent if his gross profit was only 6⅔ per cent under the advance illustrated above.

	Price prior to advance	Incorrect method of advancing prices	Correct method of advancing prices
Selling Price	$1.00	$1.50	$1.55
Cost	.90	1.40	1.40
Profit	.10	.10	.15
Percentage of Profit	10%	6-2/3%	10%

Now let us take an example which might relate to dental fees. The example may not fit many cases but it nevertheless will illustrate the point we are endeavoring to make. If a dentist's cost in the production of an inlay, including gold and other expenses, was $4.00 and he rendered a bill of $10.00 to his patient, his gross profit would be $6.00, and his per cent of gross profit 60 per cent.

If the increase in the cost of gold contained in the inlay was 50c his cost would then increase to $4.50. If he added 50c to his fee his profit would still be $6.00, but his per cent of profit would be reduced to approximately 57 per cent.

	Fee prior to advance	Incorrect method of advancing fees	Correct method of advancing fees
Dentist's Fee	$10.00	$10.50	$11.25
Cost	4.00	4.50	4.50
Profit	6.00	6.00	6.75
Percentage of Profit	60%	57%	60%

Now, in order to maintain the same per cent of gross profit with his cost increased from $4.00 to $4.50 he would be obliged to render a bill of $11.25 to maintain the same percentage of gross profit, namely, 60 per cent. In other

words, to offset the increase in his cost of 50c he would be obliged to add $1.25 to his fee.

Whether a professional man believes it or not, it is necessary for him to maintain the proper ratio at all times between his gross profit to total volume and his per cent of expense to total volume if he desires to conduct his practice on a sound economic basis with a view of fairness to himself and patient alike.

The United States Government recognizes the fact that there can be no prosperity, nor relief in the unemployment situation without placing business generally on a sound economic footing. The statement has been made that "profitable business is the life blood of American industry," and therefore in the formulation of industrial codes it has been made unlawful for anyone to sell goods at or below cost, and in the determination of cost it has been carefully set forth that per cent of expense to sales must be added, and this determination is not left to the judgment of the individual, but must be subject to recognized accounting methods in that particular industry.

A careful analysis of price schedule as it is set up today with relation to the difference between manufacturers' costs and prices paid by the dentist covering six classes of the most extensively used gold alloys is as follows:

One piece casting golds, profit reduced 4 per cent.

18 kt. solder, profit increased 2½ per cent.

22 and 24 kt. plate, profit increased approximately 4 per cent.

Clasp and orthodontia plates and wires, profit reduced approximately 4 per cent.

Gold and platinum orthodontia materials, profit reduced approximately 3 per cent.

Filling golds, no change in percentage.

The foregoing does not seem to bear out the theory that the profession has been dealt with unfairly in the matter of price adjustments. It will be noted that in some cases the margin of profit has been reduced slightly, and in other cases it has been increased slightly. Increases in percentage were made only on items wherein it has been proved that the manufacturer and dealer have been selling these articles at a percentage of profit lower than their per cent of expense to sales. Reductions have been made where possible as an offset against the increases so as to maintain the same average in per cent of profit to sales throughout the entire line.

While the Government is setting prices from day to day manufacturers are moving prices up and down as closely as it is practically possible to the actual increase and decrease in the cost of metals contained in their products. The Government price of gold for replacement has changed every day, but manufacturers and dealers only change prices up

or down when there has been a full $1.00 change in the market. Further adjustments will be made if it is found that any items bear gross profits that are out of line with respect to per cent of expense to sales. There is some speculation in connection with this plan, but it is designed to be absolutely fair to purchaser and seller alike. There is no hazard, however, for the dentist, as he purchases only his requirements from time to time; turns it quickly, and is not obliged to carry a large stock that is subject to price fluctuation.

Now that we have attempted to establish the value of dealing in percentages instead of dollars and cents, we would like to call attention to a problem with which the dental trade has been obliged to cope. This problem arises out of the fact that volume has been reduced approximately 50 per cent. The per cent of expense to sales has mounted to almost unknown heights. The per cent of expense to sales has increased generally beyond the per cent of gross profit, and therefore most concerns in the dental trade are, and have been for the past few years, operating at a loss.

If this were to continue indefinitely it would mean liquidation of this branch of dental service, and who would benefit by that? Thousands of people would be thrown out of employment and the profession denied whatever advantage this service might be. The dental trade clerks, office help, salesmen, mechanics, executives, etc., must live too. They have families to support and children to educate.

Now, what are we going to do with mounting costs and doing business with declining profits through lack of volume? Either one of two courses may be pursued: increase prices and profits, or reduce expenses. The dental profession knows that aside from the recent increase in the price of gold the price of dental materials has not increased, but there have been some few reductions. There seems to be little or no opportunity to reduce expenses anywhere, not even rentals. Economies are effected wherever possible, but the greatest expense in the dental trade is salaries. So the personnel has to "take it on the chin," and salaries have been reduced as much as 50 per cent to avoid receiverships and liquidation.

The dentist gets as much (if not more) for his dollar invested in dental supplies as he does anywhere else.

Going off the gold standard has produced many perplexing problems for the dental gold manufacturer. His executives have been working day and night in order to make the necessary adjustments to meet this drastic change, and to set up methods of fairness to dentist, dealer, and manufacturer alike, and take care of price adjustments and price fluctuations in a highly speculative gold market.

Starting with cash, purchas-

ing scrap gold, refining it and reducing it to pure gold, using this pure gold in the manufacture of dental golds of various formulae, selling it on open account, and collecting the money to buy new scrap gold requires sixty to ninety days to make the turn. On a highly speculative market it would be fair to add slight profits to take care of this extra hazard.

It is needless to say that the gold manufacturer does not like the new order of things as well as the former method of dealing in a commodity with a standard price.

While the market (today) is $32.12 the Government will not pay in excess of $20.67 an ounce for gold. If a manufacturer purchases more gold than he sells he can no longer dispose of his excess stock of gold to the Government at market prices. If his purchases exceed his sales he might find himself in an embarrassing situation with an excess stock of gold, but no cash, in which case he would be forced to borrow more money from the bank and put up the gold as collateral, on a basis of $20.67 an ounce, even though he may have paid world market prices for it as high as $32.12. It is quite clear that banks will consider the collateral value no greater than the amount the Government will pay for the gold.

If, on the other hand, the manufacturer did not borrow additional funds from the bank and threw his excess stock of gold on the open market for an immediate sale, he would be obliged to dispose of it at less than market prices, in other words, at a loss.

Gold is no different now from any other commodity. When a company is forced to buy, it must pay market prices; when it is forced to sell, it must sell at a discount, so that the purchaser can make a profit in reselling his commodity. In order to avoid the above contingencies it would be necessary to regulate purchases and sales and keep the amount equal at all times, but this is easier said than done.

It is generally conceded that the price which the dentist pays for gold bears a very much smaller ratio to his selling price (professional fee) than any other branch of industry, profession, or art. The total amount of gold used in industry, profession, or art is almost infinitesimal compared to the total flow of gold. The wisdom of going off the gold standard for the sake of national recovery, plus the futility of trying to maintain a standard of $20.67 when the price is approximately 50 per cent higher across our borders, is perfectly obvious.

After going off the gold standard the Government made a strenuous effort to maintain a price of $20.67 an ounce on gold for use in industry, profession, or art. It was soon learned that tremendous quantities of the noble metal were being bootlegged across our borders, and that many were ob-

taining large illegitimate profits by taking gold out of the country and obtaining world prices. This was coupled with the fact that it was concluded to be unfair to American gold miners to expect them to mine gold at $20.67 an ounce when gold mining industries practically everywhere else in the world were able to obtain approximately $10.00 an ounce more.

We are of the hope and belief that in the near future we will all become accustomed to the new order of things and will make adjustments with due consideration of all the factors involved—more light and less heat. In other words, let us reserve our judgment until all the evidence is in.

55 East Washington Street
Chicago, Illinois

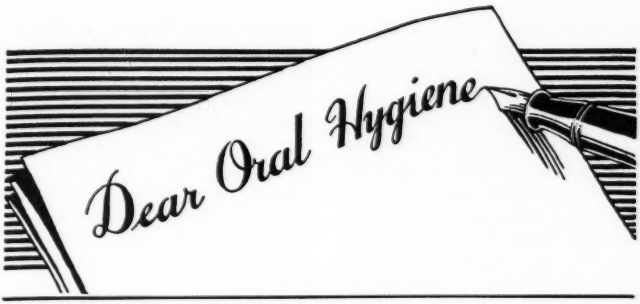
So-called official market prices or Reconstruction Finance Corporation prices on gold are paid only for newly mined gold. Trading in gold in industry, profession and arts in which gold is used has developed a difference between the R.F.C. price and that charged in industry, profession and arts. This difference increases and decreases occasionally in accordance with the law of supply and demand in these particular markets. Prices on gold used in industry, profession and arts have already been reduced $1.00 per ounce under the R.F.C. price. If further reductions are indicated, they will be made promptly by the manufacturers of the various alloys generally used. On the other hand, increased demand for gold in industry, profession and arts will reduce the difference in price and tend to bring trade price levels up to those of the R.F.C. market.

GREATER NEW YORK DECEMBER MEETING

The Greater New York December Meeting will be held in the Hotel Pennsylvania December 4 to December 8, 1933, under the auspices of the First and Second District Dental Societies. The meeting will open with joint sessions of physicians and dentists.

A varied and comprehensive program has been arranged which will offer valuable information and instruction in all the principal phases of dentistry.

Reservations should be made at as early a date as possible. Requests for programs should be mailed to Miss E. M. Davies, Executive Secretary, 2 East 103rd Street, New York City.



"I do not agree with anything you say, but I will fight to the death for your right to say it."
—*Voltaire*

WHY NOT ADVERTISE?

I have just read "More States Pass Advertising Laws."* I am an ethical practitioner and always will be, but I have sometimes been embarrassed by being asked for specific reasons why I should not advertise. This question usually comes from the laity. Therefore, it is impossible to answer in the asinine way that most dentists do to each other.

It is perfectly all right to conduct campaign after campaign against advertising, but there ought to be a suitable reason besides tradition for our stand in this matter. I have already asked many men this question in order that I myself might be enlightened, but I have never received much more than hems and haws.

I believe this question would have a great appeal to many professional men if given a competent answer. Why shouldn't the ethical dentist advertise?—NORMAN H. STRONG, D.D.S., *Detroit, Michigan*

*ORAL HYGIENE, August, 1933, p. 1165.

●

ARE WE PROFESSIONAL MEN OR ARE WE JUST MECHANICS?

It has always been my belief that dentistry was a very important branch of medicine and should be practiced by well qualified, honorable men. I mean men who are conscientious and willing to render a valuable service, as well as exact a fee. I have conducted a general practice for the past twenty years along these lines and I am not sorry.

When I opened my mail recently, I ran across a letter from the prohibition department in which it says that dentists of Indiana will be per-

mitted to have twelve pints of whiskey in their possession for medicinal purposes. However, it does not say that we will be able to write prescriptions for medicinal whiskey so that the patient can go to the drug store, get it, go home, use it as prescribed. After all, is not dentistry a branch of medicine? Do we not administer treatment to suffering humanity for the relief of aches and pains the same as the man who uses a medicine dropper to ease your tired eyes? Does our state not have confidence in our ability to know when whiskey would be indicated? Does our state think that we would abuse the privilege if it were granted us? In other words, are we professional men worthy of confidence, or are we just mechanics?

If we are to consider ourselves professional men in the practice of a legitimate branch of medicine, why should we not be entitled to all the powers and privileges that go hand in hand with such a profession? We are permitted to administer and write prescriptions for any of the narcotics and I think I am safe in saying that the profession has not abused the privilege. We are very thankful that we are permitted to use these drugs because we are able to make our work less painful. If a believer in the medicinal properties of whiskey comes to your office to have a number of teeth extracted and desires a pint of whiskey to take home with him, you will have to send him to a physician to get a prescription before he will be permitted to have it. The physician will charge a fee of one dollar for this service. Now I am not criticizing the physician for having that privilege but it certainly does provoke me to think that our state will not permit us to exercise the same privilege when the two professions are so closely associated.

Hardly a day passes in my practice but what some one who has had a number of teeth extracted will express a desire for a pint of good, pure whiskey. I know what you are thinking. You are thinking that I have reference to some old sot who has been a boozer all his life, but you are wrong. They are decent, well-respected, successful people, women as well as men. Why should we be handicapped in not being permitted to render this service? Yes, we are permitted to use twelve pints a year in our offices for medicinal purposes but who of you men want to administer it in your offices? I am sure that I do not. The place for it is in the home after the operation has been completed.

Now what are we going to do about it? If you fellows out in general practice feel that you have been slighted by the present law, or if you feel that you should be given equal privileges with the physician, then just work up enough of that old stuff out of which our very best fiddle strings are made

and let your grievance be known to the powers that be and we will be placed on an equal footing with the physician. The physician was not asleep at the switch. He was on the job and he got what he wanted. So in the same spirit, we must get on the ground and let our wants be known.—ORA B. RODKEY, D.D.S., *Redkey, Indiana*

●

THE PRICE OF DENTISTRY

Dentistry to me is a wonderful profession, but it could be improved upon, and this should be done from within the profession. I believe we should be properly compensated for our work, but in a way that will give us a fair return on our investment and at the same time make it possible for the masses to receive our services.

At the present time we are living in an era of socialism. Whether or not the government will see fit to socialize dentistry I do not know. I hope not anyway. You know that the dentists are called robbers, highwaymen, and a lot of other nasty names. We must get good prices for our work because we must pay high prices for our material. I say high prices because they are high.* We pay the same price for porcelains and cements that we always paid. True, some items have been reduced, but only in the last year. I believe in using standard material, because it is the best; but when the manufacturers continue to pull my leg in the face of adversity, I believe the public should be enlightened as to why the dentist must continue to charge good fees.

It isn't the dentist's fault; it's the manufacturers'. If we could buy our material at a reasonable price, more of it would be used and more of it would be manufactured.—HAROLD J. ROACH, D.D.S., *Detroit, Michigan*

*Manufacturers point out that dental supply price did not follow the general price increases of boom years.

●

UNSELFISH SERVICE

I enjoy reading ORAL HYGIENE. It gives more constructive thoughts than any other dental publication. In reading it I feel that its contributors are doing more than many others to keep our noble profession on the plane it so justly deserves. I do not agree with all the ideas presented, but do not fail to see their point of view.

In times like the present when things are changing and we hear more about state and panel dentistry, we wonder what really will be the outcome. We all realize that if there is as much money as ever in our country it has certainly gotten into few hands. We know that thousands of people in our community and hundreds of thousands in our country who have always been able to pay for dental service can no longer do so.

Are we willing for them to

drop out of our already low percentage of dental-minded people in America? These people have been educated to dentistry. Are they willingly going without our service? Some of them are among the unemployed. Some have had large salary cuts.

The dental profession is an honorable one worthy of its place among other professions, but if we are going to continue to be worthy we have to take a more unselfish attitude.

Contrary to the thought expressed by some of our profession, I believe that everyone of us should give as much time to charity as possible. The author of one article in the March issue* didn't seem to think so. The more clinics we have and the more service we render to the poor during these times, the more success our profession will have in the future. If I were out of work and broke, I should expect my friends or my community to keep me from starving. As soon as I found work, I would ask no more help.

Our people should be treated the same way in regard to emergency dental service. We should have more places for them to get the most necessary dental service—places where they would feel free to go even if they were without funds. These people would not forget this service when times became better. They would have a warm place in their hearts for dentistry.

I firmly believe that by doing all we can for the people in times like this, doing as much free clinic and charity work as we can (and there is no doubt that we have more time on our hands than ever before), we will be building up respect for the profession of dentistry. I also believe that if we assume a selfish attitude, try to hold our professional fees up, disregard the fact that millions are broke and out of work, refuse to make plans, and make changes in our present methods that are in line with present conditions, our profession will go backwards; or that we will be forced into state or panel dentistry which, in my opinion, would be *more than we deserve.*

Our profession will have lost ground by the time things improve if we do not do all we can for the relief of unfortunate people in times like this. "We are our brothers' keepers." America has shown this attitude and millions have been given to help unfortunate people. Let dentistry not fail to do its share and good will come to us in proportion, not to the service we render to people in good financial circumstances, but in proportion to service rendered the unfortunate who, at this time, are not able to help themselves.—WALTER J. SMITH, D.D.S, *Nashville, Tennessee*

*ORAL HYGIENE, March, 1933, p. 374.

What Evaporated Milk Offers *the* Dentist

By MARIETTA EICHELBERGER, PH.D.

MORE attention than usual is now being given to the fact that whole milk is available with a varying content of natural water, and in a variety of containers. Directly responsible for this are the problems of family feeding and the newer knowledge of milk's importance in the diet. Possible economies, safety, keeping qualities, nutritive values, and special advantages, as between the various milk supplies, are uppermost questions.

Many dentists and physicians have wanted to know, for example, whether the unsweetened evaporated milk, now so rapidly rising in use, was a dependable source of the essential tooth, bone, and muscle building materials, and of the vitamins milk is relied upon to furnish. If patients were to be advised properly, that point needed clarity.

In finding the answer we may first examine the composition of evaporated milk as fixed by the government standard, which requires 7.8 per cent milk fat, and 25.5 per cent total milk solids. An analysis of 204 samples picked up at random from the market showed an average composition of 7.85 per cent fat, and 26.22 per cent total milk solids.

This concentration of solids is accomplished at the plant by the removal in vacuum of half the water, approximately, from pure, whole, cow's milk. Then, in turn, the milk is homogenized to insure a uniform distribution of the fat, and sterilized in sealed tins. When evaporated milk is mixed with an equal amount of water, a whole milk is obtained for every milk use, and above the average in richness of milk generally available.

Inasmuch as the government has set up no standard with reference to the nutritive value as measured in terms of minerals and vitamins, we must turn to results obtained in research. Willard and Blunt did some of the first work on the particular minerals in which the dentist is interested. After observations on both children and adults they gave evaporated milk, in comparison with other forms of whole milk, the highest rating in availability of

calcium, phosphorus, and nitrogen.

Kramer, Latzke, and Shaw, who also studied adults and children, observed comparable results in the case of the same three elements. Jeans and Stearns have published their findings on a group of male infants fed a rather concentrated evaporated milk mixture to ascertain the completeness and ease of calcium, phosphorus, and nitrogen utilization. It is their report, that "from the standpoint of permitting high retentions of these elements, and a growth in length and weight exceeding the standard rates of growth, evaporated milk is a good food for infants. Dentition was early, the infants averaging six teeth erupted at forty weeks."

To round out the mineral picture, Lewis and Stein have found that albino rats develop nutritional anemia on evaporated milk less rapidly than on other milks, due probably to the presence in it of a trace of copper.

Vitamin D, the calcium and phosphorus "helper," is present in evaporated milk in the usual amount for normal whole milk. This has been demonstrated by Barnes in his work with infants, and the unpublished work of Farmer and Lemkau. The latter showed in particular that evaporation, homogenization, sterilization, and storage, have no deleterious effect on the vitamin D content.

Farmer and Lemkau also studied vitamin A, finding that it was present in quantities equal to the customarily high whole milk content of this factor, and unaffected by the operations in the plant, or by storage. Koch and Samuels, and Todhunter, found vitamin G present to the same extent as in the original milk. Koch and Samuels reported a loss of about one fifth to one sixth of vitamin B in the evaporation process. As milk is not quantitatively a good source of vitamin B, this slight loss is not important. The same thing holds true with reference to vitamin C. Vitamin C, never present in milk in antiscorbutic amounts, is highly labile, and therefore eliminated. Today, no infant or child is well fed without the addition of an antiscorbutic.

It is a correct assertion, then, that in the vitamins of which milk is a good source, associated with growth, protection against respiratory infection, and pellagra, evaporated milk is completely dependable. That is significant in light of the connection between mouth and tooth conditions and the physiologic problem as a whole.

Hill recently announced his belief, following fifteen years of experimentation, that the digestibility of cow's milk is inversely proportional to the curd tension. This has direct application to the recent researches of Marriott, Brennemann, Kerley, Dennett and Craig, Kositza, and many others. They found that because of the sterilization heat, the protein of evaporated milk is easily and completely

digested, and that it forms a fine, soft curd in the stomach, similar to that from mother's milk.

The experiments of Cutler indicate further that the whey proteins, lactalbumin and lactoglobulin, to which most of the milk-sensitive cases react, are considerably denatured. The salient point to the dentist is that even when certain abnormal conditions exist, here is a milk which will usually insure the proper intake of tooth building materials. The growing child who happens to be allergic to milk, in most cases, can be given evaporated milk. Some work, as yet unpublished, on diets for gastrointestinal patients indicates that from the standpoint of gastric acidity and motility, evaporated milk may be employed where a bland diet is needed, in such conditions as peptic or duodenal ulcer, and ulcerative colitis. The well youngster and adult profit, of course, from all factors making for readier assimilation.

The concentration of milk solids in evaporated milk is still another advantage. More can be put into food where it may be *eaten*, rather than consumed entirely as a beverage. Milk drinking is often decidedly limited, and the milk in food adds an appealing variety to the meals.

Custards, soups, sauces, frozen desserts, and entrees prepared with undiluted evaporated milk have a characteristic fine flavor and smoothness. Frequently the double rich milk is the touch that changes a food into a work of art. No one can overestimate the importance of this, not only in the day-by-day feeding of the family, but where the child, pregnant or nursing woman, and convalescent are concerned.

In the winter and spring of 1930-31, fifty-seven rural school teachers in North Carolina and Maryland subjected evaporated milk to a very practical school lunch test. It was the main ingredient in a hot food served as a supplement to the cold lunches the children brought from home. After several months, the results were a drop in absences, better scholarship, improvement in homemade lunches, and gains for the underweights. The weight gains, moreover, were maintained despite epidemics of measles and other diseases in several communities.

Altogether, it is evident that evaporated milk is a milk supply always safe, uniform, and economical, with outstanding merits in connection with maintaining mouth and tooth health, well verified by competent research. The dentist will find it a reliable ally.

WASHINGTON NEWS

LABORATORY CODE HEARING HELD

THE NRA Code hearing for the dental laboratory industry was held in Washington, October 20. Deputy Administrator R. B. Paddock presided.

Members of the dental profession who spoke were Dr. A. C. Wherry, A.D.A. president; Dr. Homer C. Brown, chairman of the A.D.A. committee on legislation and correlation; Dr. C. Willard Camalier, A.D.A. trustee.

Among laboratory men speaking were Roy H. Cassell; Herman Axelrod; W. C. Babbitt, National Dental Laboratory Association managing director; Henry Boos; A. C. Runte; M. D. Mossesshon, of the Associated Dental Laboratories; N. Berger, of the National Association; Hugo Pollack, of the Dental Techicians' Council of America; Paul Smith; Henry Posner; Patrick Tracy; Fred Z. Babbett; Wilfred Gustafson; Isadore Katz; B. P. Williams, counsel for the Code committee; Jas. J. Dwyer; Aaron Levine; R. J. Rothstein, president of the National Association; Herman Silberman; Ludwig Pazdera; Abraham I. Davidson; J. M. Earhardt, industrial advisor.

The hearing, opening at 10 in the morning, ran until 5, and was then resumed at 8:30 P.M.; it was recessed at 11:35. A great volume of testimony was presented, including what was virtually a textbook of the minute details of laboratory procedure and business administration.

Doctor Wherry asked that the granting of a dental technicians' code be refused. Dr. Homer C. Brown challenged "the assumption that the dental laboratories represent an industry" and contended that "the technicians are adjuncts of the profession which has been granted exemption from codal regulation as part of the public health service."

N. Berger, representing the National Association, pointed out that the laboratory industry is demoralized by present trade practices and that "there is nothing in the A.D.A. membership which would protect us against these." He said there was nothing in the Code detrimental to health services.

At the evening session Doctor Wherry stated that many of the technicians' wage demands made were in excess of the actual earnings of dentists themselves. "It takes money," he said, "to meet the demands that have been made here, and I can say to you honestly, without fear of contradiction, that many members of the dental profession today have damned little money."

Leonard Darvin, of the Labor Advisory Board, countered with the statement that "the earnings of the profession would be a great deal less if it were not for the skill and technique acquired by the loyal technician."

The hearing was continued.

DENTAL TRADE CODE HEARING

The NRA Code submitted jointly by the American Dental Trade Association, the Dental Dealers of America, and the Dental Manufacturers of America was given a hearing October 30, by Deputy Administrator Paddock.

Dr. J. Ben Robinson, dean of the Baltimore Dental College, represented the committee on legislation and correlation of the American Dental Association. He offered an amendment providing for the consignment of equipment to dental colleges for demonstration purposes. This was accepted, with the further amendment that such consignments be made on contract forms approved by the Code Authority. No other changes in the dental trade code were suggested by Doctor Robinson.

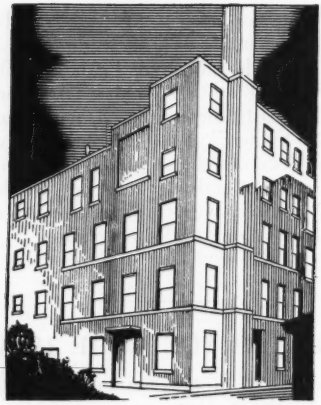
CAN YOU IDENTIFY?

In an effort to locate a missing person, an unidentified body buried in Bloomsburg, Columbia County, Pennsylvania, during the summer of 1932, was exhumed.

Although this was not the person being sought, the description given below may assist someone in identifying the body.

A bridge in the upper right side of the mouth replaces the right lateral incisor. This bridge consists of a three-quarter gold crown with three pins on the right central, a dummy right lateral incisor, and a gold crown on the right cuspid. The lower right third molar carries one small amalgam filling. The teeth are large and had apparently been well taken care of. No calcareous deposits are present, and the gums seem normal.

Anyone recognizing these conditions may communicate with Dr. R. B. Lecher, or Dr. Leon Know, 116 East Main Street, Nanticoke, Pennsylvania.



An OUTSTANDING ACHIEVEMENT

"IT is finished, and it works!"

Six simple words which convey, with the irreducible brevity usually found only in a cablegram, the stupendous achievement of John L. Boots, D.D.S., in the building and equipping of a dental clinic in Seoul, Korea.

A missionary—of a sort (a very superior sort, should you care for the opinion of ORAL HYGIENE)—is Brother Boots. Regarding himself and his work he says, "I am a dentist—a cog in the mission machine. I want to be a good cog. But I like romance. I like to build—I like to achieve. Every missionary wants to build something—character, or something of brick and stone, or both. He knows that he himself is only a passing influence, transitory, alien. He is always, however much beloved, a foreigner. His is to leave a mark and pass on.

"Character is the best building job. It is, I suppose, the hardest job, for characters have a way of falling down. Or they move on and are lost to the eye. If they stand, they are the greatest reward. But for second place, something of physical structure, in which some humanitarian work goes on every day, something that stays and stays, at least during one's life, so the builder can go every day and feast his eyes on a

thing concrete, concrete indeed —well, that's something!"

The whole story is, unfortunately, too long to tell here. Only a true and flaming disciple of human brotherhood could have raised the money and built the substantial and creditable structure where the dental clinic is now comfortably and adequately housed.

Of this building experience Doctor Boots speaks somewhat sardonically as follows: "I was often on the scaffolding with the workmen at 5:30 in the morning; rarely got home for supper before eight, then worked on plans till midnight. I plumbed every door and window frame, for a Chinese carpenter's eye is not conscious of the line of gravity, and a Korean does not know that a straight line is the shortest distance between two points, or else he is not interested in straight lines. I directed the placing of pipe lines carrying electric-light wires, electric-power wires, hot and cold water, waste, gas, compressed air, and two electric signal lines in each room. I designed the door trim, the wainscoting, the radiator covers (the first in Korea) and water foot valves, also the first in this country. 'That's nothing,' say you, but listen, I had never built anything before but a chicken coop!" * * * * *

"A prominent world tourist said here a few days ago, 'This is the finest, most complete piece of mission equipment I have seen on my way around the world'. That is my reward. It stands—that bit of concrete —and serves. That is the answer. I think I could have been a good western Pennsylvania dentist, and, had I, this building would not be here, for there is no one else to do it. I am not missed in Pennsylvania. I am only a cog here. But I *am* a cog. I have a place. I stand and serve, and I like it. Perhaps. too, I am building character—my own—and maybe others. Anyway, there are no earthquakes in Korea, and that Dental Building—that's something!"

And there are those who say with somber faces that the door which leads to the pathway of high adventure has been closed forever. To all such lugubrious pessimists the life and the efforts of Doctor Boots stand as a complete and utter refutation.

"It is finished, and it works!"

WARNING!

The Better Business Bureau of Pittsburgh has issued a warning to all professional men to beware of a man calling himself F. H. Hopper, representing the Kayce Garment Company, 320 West 10th Street, Kansas City, Missouri.

This man is showing outing wear for men and collecting a deposit. He never delivers the goods and the company is said to be non-existent.

WINGS AT SUNSET

By J. J. McCarthy, D.D.S.

AN hour ago, snapping off the sterilizer and closing the office door behind me, I hummed a careless melody. The day's work over, I was off to the airport for a flying lesson—a pleasing anticipation on such a balmy afternoon. But now there's a queer feeling in the region of my stomach. The world suddenly is grim and uncompromising. Speed just climbed out, and I am going up alone—for the first time. I've been practicing this with Speed for months, and in my mind I've done it dozens of times alone, but I didn't realize how empty that front cockpit could look without him. He didn't even give me a chance to say anything—just got out quickly, told me to go ahead, and do it myself, and walked away. He's over there now admiring the sunset—or pretending to. What he's really doing is praying his plane will come down intact.

Well, here goes—full throttle! Tail's up, keep straight now—it's off; climbing fast, too fast—nose down a little. There's Beard standing in front of the hangar. He doesn't know I'm alone. Shall I wave? Better not. Easy and shallow on this turn over the salt beds—boy! the ship feels light with only one person. Guess everything's O.K. Throttle down a little. There's the highway—

nearly always a bump here—there it is! Steady, bank it easy on this turn, keep the nose down. The landing's the thing and it won't be long now! Hell, this ship cost four thousand dollars, I'm not going to pile it up for him. There's the spot, am I too high?—no, cut it! Down goes the nose—keep flying-speed now. . .keep flying-speed. . .keep. . .not too much, don't dive in—there's his nibs sitting on the fence. . .air seems bumpier now, seems to yaw—could the wind have come up?—no, no, it's all right—just right. Almost on now, bring the nose up. . .more—on! Here comes Speed on the run, and I'll bet he's relieved. I should be nonchalant, but I can't help this asinine grin—that's how I feel.

"That was fine, Doc," says he as he climbs back in. "We only let a student make one solo flight the first time." And he taxies back toward the hangar. One solo flight the first time suits me. Now that it's over I've got the jitters. I've flown alone, and I know the thrill that can come but once in a pilot's lifetime—the first solo flight.

That was a long time ago, in the late afternoon of a beautiful October day. Now it is Summer, and the stream of patients has ceased. The last aching tooth no longer throbs, and my own jaded nerves seek relief from the tension of this strenuous, unusually warm day. Feeling like this, some people like to smash things, or to cry, or to run away—to run away, up into the cool evening sky, across the hill tops in savage freedom to where the breeze from the Pacific spends its salty tang on the upper air. . .

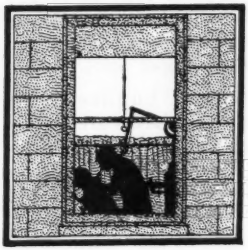
Twenty-five hundred. . .the Spring Valley Lakes are a crystal pendant on the earthy bosom below. Here goes a wing-over to shake up the red blood corpuscles—ah! Up, over—and down! Sweet responsive little ship. But the half-light hints at beauty beyond the bills; get up and watch the sunset. . .

Four thousand. . .at cruising speed. . .

Beyond the Coast Range, the Pacific, vast, imponderable. A great red ball of fire is lowering slowly toward the sea; so low now that in the east only distant Diablo's heavenward crest reflects the last fiery rays. Slipping down, down into the horizon, and suddenly gone, the eternal canopy a flaming dome. Visibility is amazing. Far out to sea the Farallones, black against mauve, and a steamer plodding westward, prow pointed at Diamond Head. Incredible beauty, peace and solitude without loneliness—but shadows darken in the Santa Clara Valley, and night must not find us here. A rendezvous with the infinite is over. . .the spirit is refreshed. Wings, fly earthward!

393 20th Avenue
San Francisco, California

OFFICE SILHOUETTES



NOTE: These brief pen pictures will be exactly what their title states. Sometimes, actual names will be used; at other times, for obvious reasons, fictitious names will be used; or names will be omitted entirely. In no case, however, will any liberties be taken with *facts*; they will always be *exactly as stated*.

●

The Truth

SUNDAY morning at ten o'clock she appeared at the front door.

"Doctor, thirty-five dollars I paid you yet for fixing my Elsa's teeth. Over the wash tub and ironing board, doctor, I earned that money.

"It is a lot of jack to pay that you fix yet for my Elsa a few teeth, and last night my Elsa she got yet the worse toothache she ever got by her lifetime.

"And also it is six dollars that Mrs. Fredrick my neighbor next door she pays you for fixing a tooth and the tooth it was no good and she had to go yet by another man and get it pulled out."

"In other words," said the doctor, "I am becoming known as a very poor dentist in your neighborhood along about now."

"Oh, no, no, but the thirty-five dollars, doctor, and last night the toothache!"

"Well," said the doctor, "every word that you say is absolutely true, for you are a truthful woman; but that is not all the truth about the work I did for your Elsa, nor what happened in the case of Mrs. Fredrick.

"Your story says nothing about the fact that two other dentists had given up in despair after attempting to work for your daughter. Of course, you cannot realize that I could have sold the time which I devoted to your daughter for at least a hundred dollars had I been working for someone whose money had not been earned in such a hard way as yours had been.

"Last week your daughter met me on the street and told

me that one of her teeth was troubling her. I asked her to come in the office immediately to see what the trouble was. She didn't come in. Because she didn't come she had a toothache, no doubt a very bad one. She wouldn't have had that toothache if she had come to my office as I asked her to.

"It is true that thirty-five dollars is a lot of money when you have to earn it over the wash tub and the ironing board, but it is also true that the only reason why I sold you a hundred dollars' worth of time for thirty-five dollars was because of my perfectly sincere desire to help your daughter to save her teeth and at the same time teach her, if possible, a reasonable measure of self-control while appearing as a patient before any professional man.

"I am sorry, of course, that my work for Elsa was not completely successful, but no man can be responsible for a one hundred per cent success in any case, particularly in that of a very unruly child who, for some mysterious reason, has the idea that all professional men are interested chiefly in inflicting pain and causing trouble for people they work for.

"As for Mrs. Frederick, she came in my office two years ago with a tooth which was a wreck. I told her quite frankly the exact situation—that it would be a mistake to spend any money in an effort to save this tooth, but she insisted that an attempt be made, promising me very faithfully that if I would make such an attempt she would pay the bill without regret, never holding me responsible for the result, no matter how the thing turned out. The only part of the promise that she kept, as it now would seem, was that of paying the bill.

"I now hear for the first time of the failure of my work and the fact that she has held me responsible, employed someone else, and is now circulating gross misstatements of fact with regard to both my ability and my honesty.

"You see, Mrs. Froboch, it is very easy to make out an awfully bad looking case against a professional man while telling only part of the truth about him. In both instances of which you complained so bitterly just a moment ago, would you now have it in your heart to repeat the things which you just said, after having learned all of the facts in the case?"

"Doctor, I am very sorry—but you see, the night was long, yesterday was Saturday, a hard day for a widow woman with a family. All night I get no sleep. Things look bad this morning—pretty bad. But I see now that I was wrong."

"Yes," said the doctor, "but please think twice before you start again to tear to pieces the reputation of any professional man. While facts may be exactly as you state them, it is still possible to do such a man a terrible injustice by repeating only part of the truth."

—Arthur G. Smith

New Publicity Plans of the A. D. A.

ON November 3, 1932, A.D.A. President G. Walter Dittmar appointed a committee consisting of Dr. C. E. Rudolph and Dr. W. O. Talbot, with Dr. C. Willard Camalier as chairman. These men, selected from the Board of Trustees of the A.D.A., were to draft rules and regulations for the conduct and control of the activities of the now superseded Committee on Dental Educational Publicity.

The following condensation of the recommendations of these three eminent men (approved at the recent Chicago meeting) is here presented to the readers of ORAL HYGIENE in order that they may have accurate information regarding the present state of affairs in the widely discussed field of dental educational publicity.

For the official and authentic data on which this condensation is based, ORAL HYGIENE is under obligation to Doctor Camalier, chairman of the committee.

*1. All dental educational material should be disseminated from one point (i.e., A.D.A. headquarters, 212 East Superior street, Chicago, Illinois).

2. All phases of publicity work should be controlled by the Bureau of Public Relations at Chicago, rather than by a committee functioning from any other point.

3. The Committee on Dental Educational Publicity as created by a resolution adopted October 22, 1931, at Memphis, Tennessee, is recommended for discharge from all further duties in preparation and dissemination of official A.D.A. publicity. However, it is particularly suggested that this committee, notwithstanding its official discontinuance, lend all possible advice and assistance to its official successor, the Bureau of Public Relations.

4. The Bureau of Public Relations is to have entire charge

*The paragraph numbering used is purely for the convenience of the reader, and does not appear in the official text or report of the committee.

and control of all publicity of the A.D.A., and to this end it should prepare a series of articles covering the dental educational field. These articles should be released to selected newspapers, through national news services, at the rate of one article per week. Recommendation is also made for preparation of suitable radio talks, lectures, etc.

5. The employment of a trained writer to prepare suitably the material decided upon is recommended, but all copy as thus prepared is to be submitted to the Surgeon General of the United States Public Health Service for endorsement.

6. State and local societies throughout the nation are urged to make full use of the official publicity material of all kinds as thus prepared, and to cooperate in every way in stimulating and encouraging the interest of local newspapers and public health organizations as already existing.

7. The subjoined heading has been adopted as official for all printed releases.

Dentistry and Public Health

BY THE

AMERICAN DENTAL ASSOCIATION

CHICAGO, ILLINOIS

AND THE

Name of State or Local Society

Endorsed by

United States Public Health Service

Dr. Hugh S. Cummins
Surgeon General

State Health Officer

City Health Officer

County Health Officer

AWARDED MEDAL

Dr. Dwight J. McCormick, of Madison, Indiana, was awarded the medal of the Order of the Purple Heart, in recognition of valor displayed during action seen in France with Battery E, 150th Field Artillery, Rainbow Division.

Doctor McCormick is a graduate of the Indiana School of Dentistry. For the past six years he has been a member of the staff of the Madison State Hospital, North Madison, Indiana.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

A little girl attending church for the first time was amazed to see all kneel suddenly. She asked her mother what they were going to do. Her mother replied, "Hush, they're going to say their prayers."

"What, with all their clothes on!"

Judge: "I'll have to sentence you to jail for a month. Have you anything to say?"

Prisoner: "Yes, your honor. I just want to ask one favor. Please telephone my wife and tell her I won't be home for a month. She never believes any of my excuses."

A cub reporter, frequently reprimanded for prolixity and warned to be brief, turned in the following:

"A shocking affair occurred last night. Sir Edward Hopeless, a guest at Lady Panmore's ball, complained of feeling ill, took his hat, his coat, his departure, no notice of his friends, a taxi, a pistol from his pocket, and finally his life. Nice chap. Regrets and all that."

"What can you tell me about King Solomon?" a little girl was asked by her Sunday-school teacher.

"He was a very wise king and very fond of animals."

"Fond of animals?" asked the teacher. "What do you mean?"

"Why, in the Bible it says he had seven hundred wives and three hundred porcupines."

"There was something in your wife's speech that sounded strange."

"Yes; a pause."

"Alice could have married anybody she pleased."

"Then why is she still single?"

"She never pleased anybody."

Our friend, the absent-minded professor, jumped out of bed in the middle of the night, ran to the stairs and shouted: "Who's down there in the kitchen?"

"Nobody," said the burglar.

"Well, that's funny," said the professor. "I could have sworn I heard a noise."

The small boy was much interested in watching a bald-headed man scratch the fringe of hair around the side of his head. The man kept it up so long that the boy finally reached over and said in a loud whisper, "Say, mister, you'll never catch him that way. Why don't you run him out in the open?"

"I'm goin' to keep on sendin' my boy Josh to college," said Farmer Corntassle.

"You think he has exceptional intelligence?"

"No. Confidentially, I don't think he has a great deal of sense. I'm goin' to put him in the way of learnin' a lot of long words so's maybe he can fool people."

Box Office Attendant: "Can I give you one in the third row?"

Patron: "No, I want one in the first row."

Box Office Attendant: "Very well, here's an extra fiddle. Tell the stage manager to give you a seat in the orchestra."

PATIENTS are MISTAKEN

if they believe that a "varied" diet supplies adequate vitamin D

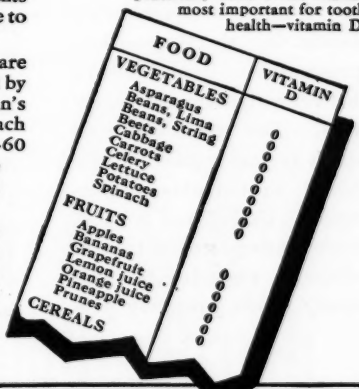
FRUITS and vegetables contain *no* vitamin D—the vitamin that regulates the calcium-phosphorus metabolism. Of all common foods, only *four* contain more than a trace of vitamin D—milk, butter, egg yolks and fatty fish—and even the first three of these have varying amounts. And the body cannot store for long the small amounts absorbed from limited exposure to the summer sun.

Therefore, regular amounts are needed . . . such as are supplied by three cakes daily of Fleischmann's Yeast. Specially "irradiated," each cake has a known potency—60 Steenbock vitamin D units—the equivalent of a full teaspoonful of standard cod liver oil.

Adequate vitamin D permits the proper phosphorus-calcium balance in the blood. As a result, caries occur less often, the structure of the secondary dentine is denser and there is even a hardening of carious tissue.

Of course, you advise expectant and nursing mothers to take special measures to get sufficient vitamin D. Now advise patients of *all* ages to eat Fleischmann's Yeast—three cakes a day.

(*Below*) Fruits and vegetables contain practically none of the vitamin most important for tooth health—vitamin D.



The Richest Food in Vitamin D!

Health Research Dept. DC-12 Standard Brands Inc.
691 Washington St., New York City

Please send me folder on relation of vitamin D to caries.

*Name*_____

*Address*_____

Taking Dental Advice

A Post-Operative "Pick-up"

Most dental patients need building up during and subsequent to extraction or other operative procedure. And it is just at this time when they usually have difficulty in masticating solid food and are finicky in their selection of foods.

◆ ◆ ◆

Here is where OVALTINE—the palatable Swiss Food-Drink—performs a valuable function, because it has all the food value of milk together with additional essential nutritional principles. And it is easily digested.

◆ ◆ ◆

OVALTINE helps to build up debilitated patients and is of great benefit where there is a tendency to nervousness or nervous insomnia, as an aftermath of dental disease and treatment. A nightcap of hot OVALTINE will help to lull the patient into a refreshing, healthful sleep.

◆ ◆ ◆

Why not answer the question "Doctor, what can I eat?" with a sample of OVALTINE.

OVALTINE

The Swiss Food-Drink

Manufactured under license in U. S. A. according to original Swiss formula.

FILL IN THE COUPON BELOW

Send it in together with your professional letterhead, card, or other indication of your professional standing, and some samples of Ovaltine will be gladly sent to you.

This offer is limited only to practicing dentists, physicians and nurses.

THE WANDER COMPANY, 180 No. Michigan Ave., Chicago, Ill. Dept. O.H. 12

Please send me, without charge, some samples of OVALTINE for distribution to my patients. Evidence of my professional standing is enclosed.

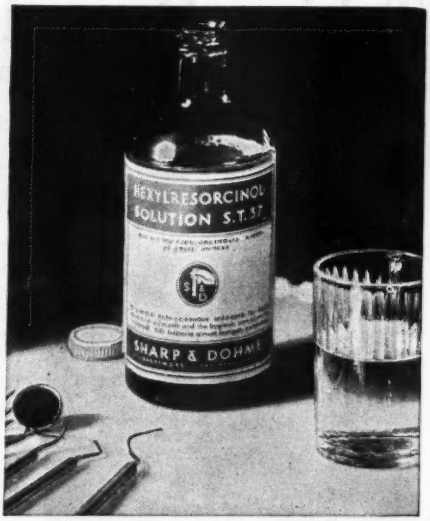
Dr.....

Address.....

City.....State.....

Canadian subscribers should address coupons to A. Wander, Limited, Elmwood Park, Peterborough, Ont.

Strongly antiseptic with complete patient comfort



AFTER operative procedures Hexylresorcinol Solution S. T. 37 may be employed freely.

This antiseptic is pleasant for the patient. It is entirely free from any unpleasant chemical taste or odor. It neither stains nor stings—is non-toxic and safe for any use. Yet its active ingredient is 70 times more powerful than carbolic acid.

Because of its low surface tension (37 dynes per cm.) Hexylresorcinol Solution S. T. 37 spreads over surfaces quickly—penetrates minute crevices of wound tissue. It destroys vegetative bacteria almost instantly on contact.

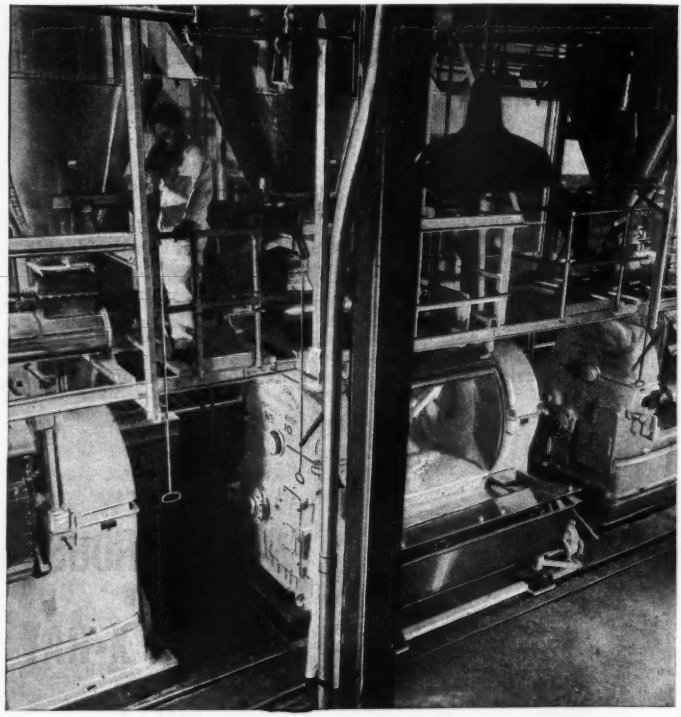
Hexylresorcinol Solution S. T. 37 is economical to use. It is highly effective even when diluted 3 to 1. The twelve-ounce bottle now costs $1.00—the five-ounce bottle—50¢. It may be obtained at any drug store in the United States and Canada.

HEXYLRESORCINOL SOLUTION S.T.37

(Liquor Hexylresorcinolis 1:1000)

Sharp & Dohme

PHILADELPHIA · MONTREAL · BALTIMORE



BACK STAGE AT PEPSODENT

THE photographer caught a dramatic perspective of the modern new Pepsodent plant. Here you see 3 giant mixers. They are open for the purpose of this picture. Otherwise they are closed tight when in operation. The making of tooth paste today requires the complete collaboration of science and engineering. The Pepsodent Company sets high manufacturing standards.

THE PEPSODENT CO., CHICAGO

With Squibb

—a remarkable advance in vitamin concentrates!

1. ***Stability*** **—Vitamins A and D do not deteriorate**

2. ***Assimilability*** **— Benefits available at once**

3. ***Potency*** **—Vitamins extracted from *three* sources—cod and halibut-liver oils and Viosterol**

MOST dentists recognize the advantage of prescribing Vitamins A and D in tablet form, especially for older children and adults who may object to an oil.

But until recently there was some question whether results would be satisfactory. Early attempts to produce vitamin concentrate tablets that would remain stable proved unsuccessful. The concentrate lost potency before reaching the patient.

With Adex, however, E. R. Squibb & Sons have perfected *a stable* vitamin A and D tablet, the potency of which is *guaranteed.* Tests on Squibb Adex tablets that have been kept at room temperature for thirty-four months show *no significant loss of vitamins.*

Dentists may prescribe them as an aid in calcification, or to help patients build good resistance with complete assurance as to potency.

Here are some of the advantages of Squibb Adex Tablets-10 D

Three-fold control of potency— A special process is used to stabilize the tablets against deterioration. a) The vitamin-rich oils from

ADEX Tablets

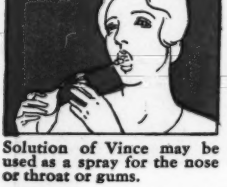
which the concentrate is prepared are physiologically tested. b) The concentrate is tested for vitamin content before it is incorporated in the tablets. c) The tablets are tested by *direct* incorporation in a vitamin-free test ration.

Ready assimilability—SquibbAdex are prepared so their benefits reach the patient almost immediately.

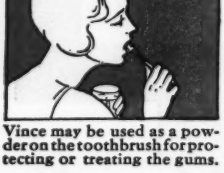
High vitamin content—SquibbAdex tablets are the *only* concentrate made from three rich vitamin sources — cod-liver oil, halibut-liver oil and Viosterol. Each tablet contains 1,000 units of Vitamin A and 2450 units of Vitamin D. Prescribe their *daily* use.

E·R·SQUIBB & SONS

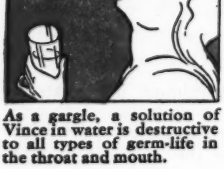
One teaspoonful of Vince in a glass of water makes approximately a 2% solution.



Solution of Vince may be used as a spray for the nose or throat or gums.



Vince may be used as a powder on the toothbrush for protecting or treating the gums.



As a gargle, a solution of Vince in water is destructive to all types of germ-life in the throat and mouth.

IN TRENCH MOUTH

try this simple method of treatment:

A pleasant tasting powder +
A few drops of water =
Fresh germ-destroying oxygen

That is the simple, convenient way you can apply VINCE in your office as a paste in the treatment of necrotic gingivitis (trench mouth), pyorrhea and other infections of the mouth. No staining, no contra-indications, no accidents.

The treatment can be continued at home by using Vince on the toothbrush and by dissolving a teaspoonful in a glass of water as a gargle and mouth wash.

Vince is harmless to the mucous membranes. It whitens the teeth, clears away mucus, counteracts acid, stimulates the tissues. It leaves no stain. It destroys by oxidation anaerobic and aerobic organisms alike. It corrects unpleasant odor in the mouth by destroying the *T. microdentium* which causes it.

For office treatment, for prophylactic home use, nothing excels the proved effectiveness of Vince.

VINCE

THE OXYGEN-LIBERATING ORAL ANTISEPTIC
Simplifies and improves the hygiene of the mouth.
Descriptive literature and trial supply on request.

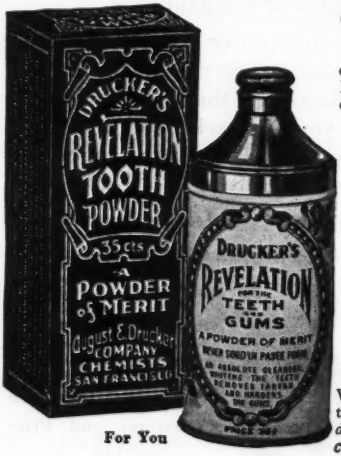
VINCE LABORATORIES, INC., 117 West 18th Street, New York City

For Your Patients

Our gift to your patients . . .

May we suggest that you give a sample can of REVELATION TOOTH POWDER to each of your patients who come for treatment this month? Do this during the entire month and note the goodwill it creates. Patients will appreciate your interest in their oral health, especially so after they have tried REVELATION. Its merits will prove to them that your recommendation has acquainted them with the correct dentifrice —a dentifrice which enables them to clean their teeth in a new and delightful manner.

CHRISTMAS GREETINGS



For You

Our gift to you . . .

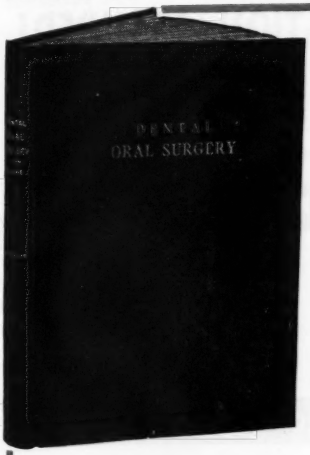
We are again offering a full size can of REVELATION TOOTH POWDER without charge to those dentists who have not as yet given it a thorough trial. We will be happy if you take advantage of offer now because, and we say this without the least bit of hesitation, the sooner you try REVELATION the sooner you will recognize its outstanding cleansing properties and the sooner you will want to recommend its use to all of your patients. Try REVELATION TOOTH POWDER at our expense. We know you'll like it.

Write today for the full size can or the sample cans, or both. *Be sure to designate which you want and send your card or letterhead with your request.*

NRA MEMBER U.S. WE DO OUR PART

AUGUST E. DRUCKER Co.

2226 Bush St., San Francisco, Calif.



for

... the General Practitioner

... the Man who Specializes

... Every Dentist!

DENTAL ORAL SURGERY, by Wilton W. Cogswell, D.D.S., F.A.C.D., is a text book for every practitioner. Any dentist who purchases a copy really buys a post-graduate course because it presents the most modern thought and technique on the subject of tooth removal. It *tells* and *shows* you in a practical way how to operate.

No dentist should be without a copy. DENTAL ORAL SURGERY contains over five hundred illustrations, the majority of them made from Doctor Cogswell's unique wax and soap models which enabled him to illustrate many operations which could not be shown with photographs in the mouth. The price is only ten dollars. Be sure to get a copy of the first edition—it is limited. Order through your dealer or send coupon.

Send Coupon Today

THE DENTAL DIGEST
1005 Liberty Avenue, Pittsburgh, Penna.

Send me a copy of DENTAL ORAL SURGERY at $10 postpaid.

Remittance enclosed ☐ Send C.O.D. ☐

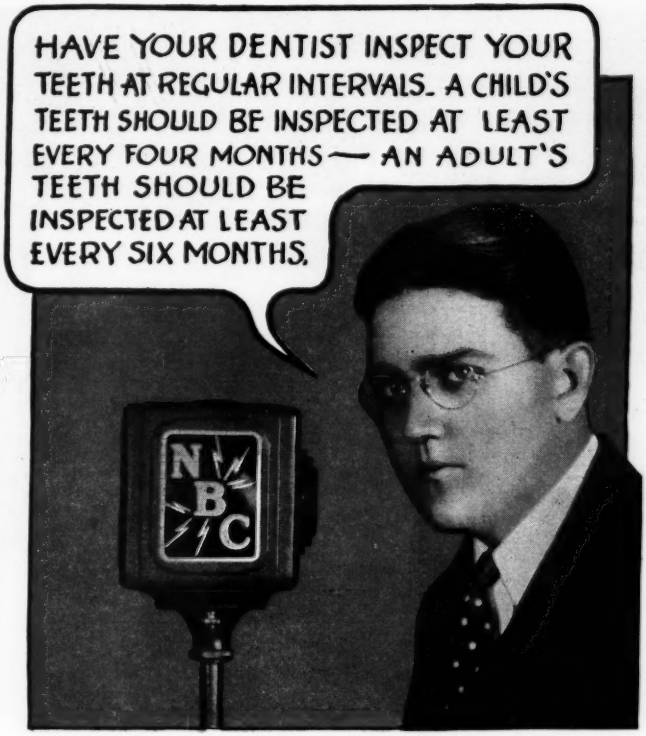
Charge through dealer with whom I have an active account ☐

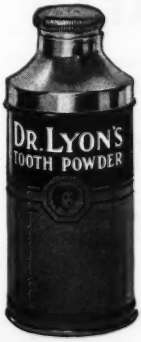
Dr. .....

St. or Bldg. .....

City ..... State .....

Dealer .....

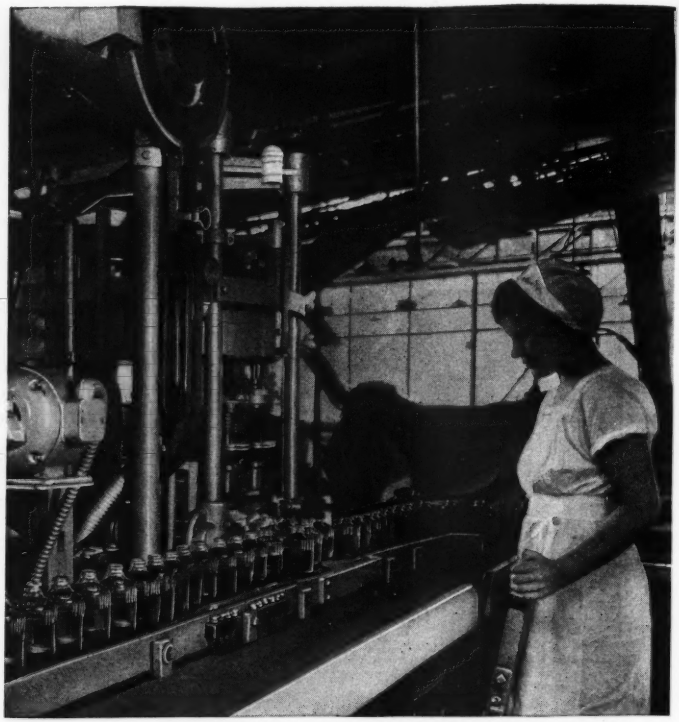




FORD BOND, popular announcer of N B C, broadcasting *"Manhattan Merry-Go-Round"* every Sunday night on a coast to coast hook-up. TUNE IN.

Sponsored by the makers of

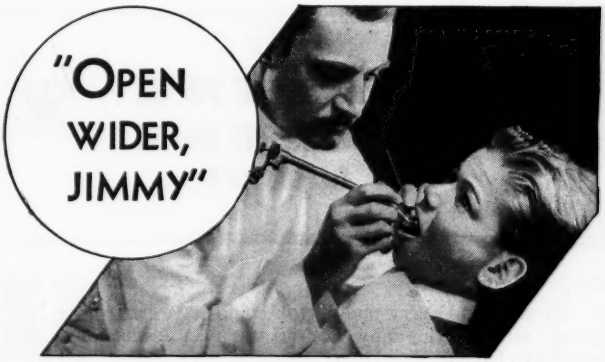
DR. LYON'S Tooth Powder



SCIENTIFICALLY CLEAN

TODAY new methods are employed in the manufacture of the most modern antiseptic. Thus is brought a great advance in sanitation. From its very beginning Pepsodent Antiseptic avoids contact with human hands to prevent contamination. Raw materials are mixed—bottles filled, capped, labeled and packaged—all by machine. The extra protection these methods give never fails to impress medical men who visit the Pepsodent Company's modern plant. Here laboratory care is increased a million fold.

THE PEPSODENT CO., CHICAGO



This little fellow has soft and carious teeth

due to lack of Vitamin D in his diet

THE RELATION of Vitamin D to poor tooth structure and subsequent caries is well known. Even a slight deficiency may cause delayed dentition—or may result in soft teeth which decay easily later in life. The prevalence of carious teeth among school children is due largely to a Vitamin D deficiency in the diet.

Cocomalt is useful in dental therapy not only because of its rich Vitamin D content, but also because it provides an *extra* source of the essential mineral nutrients, calcium and phosphorus. It is especially valuable for youngsters whose teeth are erupting.

Prepared as directed, every glass of Cocomalt is equal in food-energy value to almost *two* glasses of milk alone. Increases the protein content of milk 45%—the carbohydrate content 184%—the mineral content (calcium and phosphorus) 48%. Contains not less than 30 Steenbock (300 ADMA) units of Vitamin D per ounce—the amount used to make one glass or cup. (Licensed by the Wisconsin University Alumni Research Foundation.)

Cocomalt is accepted by the Committee on Foods of The American Medical Association. At grocery and good drug stores—in ½-lb. and 1-lb. air-tight cans. Also in 5-lb. cans at special price.

R. B. Davis Co., Hoboken, N. J.

FREE *to Dentists*

We will be glad to send you, without obligation, a trial-size can of Cocomalt. Delicious hot or cold. Mail this coupon with your name and address today.

Cocomalt

Cocomalt is a scientific food composed of sucrose, skim milk, selected cocoa, barley malt extract, flavoring and added Vitamin D.

ADDS 70% MORE FOOD - ENERGY TO MILK
(prepared as directed)

R. B. DAVIS CO., Dept. AP-12,
Hoboken, N. J.

Please send me, free, a trial-size can of Cocomalt.

Dr. .....

Address .....

City ..... *State* .....

The Sterilizer "Buy" of 1933

No skimping of size or materials in the Pelton "Simplex" Sterilizer. It's big in everything but price. Roomy, full-sized cabinet 36" high, with famous Adjustable-Automatic Pelton Sterilizer mounted on adjustable rear brackets. Cabinet has four electrical outlets in back—one for Sterilizer and three extra. Current controlled by master switch which also operates a red pilot light. The "Simplex" requires only 17"x17" floor space. See it at your dealer's or write for full details to

The Pelton & Crane Company, Detroit, Mich.

Pelton "Simplex" Sterilizer

TWICE
FOR DENTURE

If natural teeth require daily care and the services of a dentist twice a year, surely the proper care of dentures necessitates no less attention.

Patients should be impressed with the fact that a denture is a finely wrought laboratory creation in which science has endeavored to reproduce the inimitable combination of delicacy and strength embodied in the human mouth. The need for careful treatment of such a product should be duly emphasized and the patient should not be lead to expect

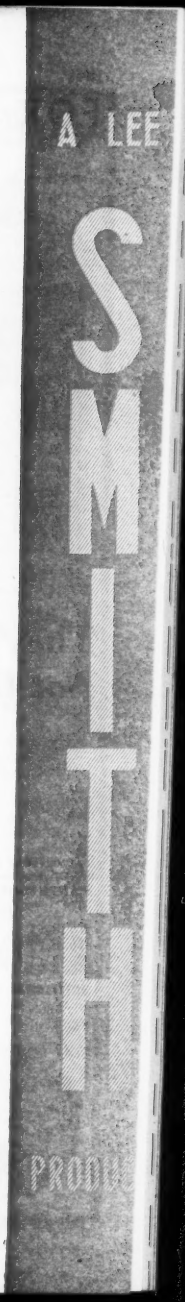
A YEAR
PATIENTS TOO

too much from even the most skillfully made denture.

It should be explained that the mouth, not the denture, changes constantly making periodic adjustments essential for denture comfort.

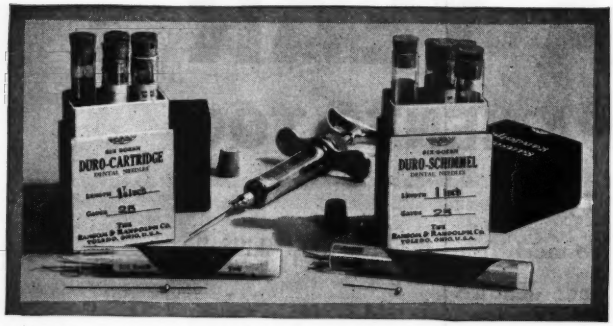
Make your patients appreciate that the finest denture material* like the finest motor car cannot give satisfaction if abused or neglected, or if they fail to have it examined regularly and serviced when necessary.

*VYDON
The Denture Base



FOR SAFETY'S SAKE . . . USE

DURO NEEDLES



They're *Stiff* . . but *Not Brittle!*

HERE is a needle that will be welcomed by every member of the dental profession—one that is stiff enough to penetrate the firmest tissues, and "sensitive" enough to reflect the slightest touch, yet *tough* enough to bend without breaking. . . The combining of these qualities in Duro Needle tubing represents an important advance in the development of modern corrosion-resisting alloy steels. And the same elements which give it this remarkable toughness and strength also enable it to take, and *hold*, an exceptionally keen point. . . Specify DURO Needles on your next order with every confidence that you will find them

STAINLESS • STRONGER • SHARPER

SAFER

New Low Prices!

CARTRIDGE:

	Per dozen
No. 2 (1 ")	$1.25
No. 3 (1 1/4")	1.60
No. 4 (1-7/8")	1.75

SCHIMMEL:

1 -inch	$1.00
1 5/6-inch	1.30

25 or 23 gauge

The Ransom & Randolph Co.
TOLEDO — OHIO

FASTEETH

New Improved Denture Powder

Mental Attitude

FASTEETH gives your dentures "instant suction"—your patients the "right mental attitude."

It's "psychological" — "physiological" — "mechanical" effect helps patient conquer "supersensitiveness" and all "nervous habits."

FASTEETH, sprinkled lightly on "new dentures," adapts the tissue "in comfort." Try this technique, Doctor, it will prove a great aid.

Mail this coupon TODAY for FREE DISPENSER and samples.

FREE TRIAL CANS SENT YOU TO GIVE YOUR PATIENTS . . .

FASTEETH INCORPORATED O. H.
Binghamton, New York

Kindly send me trial cans of
FASTEETH - - - - - - - ☐
FASTEETH DISPENSER ☐

DR. .....
ADDRESS .....
CITY .....

"As powerful, efficient and durable as any other dental X-ray unit on the market, regardless of how much you might pay."

Whether You Agree or Not . . the FACT Is . . It *Will* PAY !

HERE is what one "DENTAL-X" user wrote us last week: "Boy, I am sure pleased with my 'DENTAL-X'. If I could not buy another I would not want to part with it for any price." When you analyze why he feels this way about his "DENTAL-X" there is one big fact that stands out prominently. An X-ray pays for itself! It produces revenue from radiographs and uncovers a good deal of new work that otherwise would walk right out of the door. It more than pays its way from the date of installation. That's a fact it will pay you to consider.

The "DENTAL-X"

Please understand — the "DENTAL-X" is positively limited neither in capacity nor efficiency. It is guaranteed to do anything any other dental X-ray will do. It is complete with tube, heavy duty transformer, lead glass shield, volt meter, milliampere meter, time switch, circuit breaker, dental cone, and flexible tube carrier. Why not write today for the facts? You can save greatly on investment and you will find that owning your own X-ray is a decidedly profitable move.

NRA MEMBER U.S. WE DO OUR PART

H. G. FISCHER & CO., Inc. O.H. 12-33
2323-2337 Wabansia Ave., Chicago, Ill.

Please send me, without obligation, your large, 2-color descriptive folder on the "DENTAL-X".

Name.....

Address.....

City..... State.....

The "Dark Ages" of Dentistry

—can still be remembered!

OBSOLETE methods are passing, but what about obsolete teeth? Frankly, the conventional tooth forms of pre-Trubyte days (nineteen years ago) belong to the "dark ages," and the only reason they are still made is because some dentists still use them!

PERALGA

Relieves pain but does not incapacitate by causing drowsiness. Quiets nervousness but leaves no mental confusion in its wake. PERALGA is not narcotic. Relief from pain and its nervous manifestations is obtained by the synergistic combination of amidopyrine and ethylmalonylurea in fusion. Headache, neuralgia, rheumatic pain, the discomfort of febrile diseases, the pain of dysmenorrhea, post-operative pain, are all quickly relieved by Peralga. Ask for a supply of Peralga for trial.

SCHERING & GLATZ, INC. 113 West 18th St., New York City

Why Soap is Used in the KOLYNOS Formula

IN a paper read before the annual meeting of the American Dental Society of Europe in London, 1908, Dr. N. S. Jenkins, an American dentist announced the KOLYNOS formula which was the result of 18 years of research and study to produce an agent that would cleanse the teeth and destroy the bacteria that inhabited the oral cavity. In describing the functions of the various ingredients in Kolynos, Dr. Jenkins stated:

"You will observe that each of these ingredients has a distinct antiseptic or disinfectant value, but it was in their combination that I found disinfectant power such as I had hoped for, but, until my experiments were ended, had scarcely dared to anticipate. In such combination none of them are injurious to the oral tissues . . . the special soap and its allies may well be regarded as an effective solvent, acting on the envelopes of the bacteria, which enables the germicides to do their work directly upon the germs—not only are the bacteria surrounded by their double envelopes, but they are often imbedded in, or partially covered by fat, broken-down epithelium and other organic substances, which need the solvent action of soap and alcohol, that the germicides may penetrate to the inner citadel."

The dentists who know Kolynos as an ally of scientific dentistry, welcome its day-by-day benefits to their patients.

The soap and chalk base of Kolynos chemically and mechanically cleans and polishes the teeth—its mildly alkaline reaction loosens and dissolves the mucin without the slightest interference with the reaction, secretion of the ferments of the saliva and without harm to the delicate mouth tissues.

May we send you a professional package? The coupon below is for your convenience.

THE KOLYNOS COMPANY
New Haven, Connecticut 52B

Kindly send me a professional package of Kolynos Dental Cream.

*Name*_____

*Street Address*_____

*City*_____

SCHARMANN DAZF BURS

DAZF MOUNTED ABRASIVE STONES

SCHARMANN ROCHMACHINE

HEAD REST PADS

A patient's dread of "drilling" vanishes after you have continuously used

NRA MEMBER U.S. WE DO OUR PART

SCHARMANN BURS

Fine Cutting Instruments!

Continuously used by Discriminating Dentists for 42 years.

MORE of a patient's dread of "drilling" comes from the nervous shock of a dull bur hacking away at hard, sensitive tooth structure than from any actual pain. You can eliminate this unpleasant phase of operative work by using Scharmann Burs.

The more you use Scharmann Burs the more you will realize there is no substitute for the experience, the metallurgical knowledge, the endless research and manufacturing technic behind the keen-edged blades, the accurate machining and the durable temper of D.A.Z.F. Burs.

Scharmann Burs are the kind you would like used on your own teeth.

Get this Special S-9 Gross Assortment of H.P. and R.A. Plain and Cross-Cut Fissure Burs in Mahoganite case

$8.25

MAIL this coupon with your card and dealer's name and we will ship our S-9 Gross Assortment.

GUSTAV SCHARMANN—1181 Broadway, New York City

DO YOU MAKE A BLIND CHOICE OF THE DENTIFRICE YOU RECOMMEND?

Before recommending a dentifrice to your patients do you make certain that it is safe—that it does not contain any grit, irritant or other harmful ingredient which may injure the tooth enamel or delicate gum edges? Are you always sure, too, that it will clean thoroughly—that it has sufficient safe alkalinity to combat the harmful acids?

The choice of a dentifrice cannot be made blindly.

It took years of research by the Squibb Laboratories in collaboration with leading dental and scientific institutions to produce the scientifically balanced formula from which Squibb Dental Cream was made. Squibb Dental Cream contains an adequate amount of Squibb Milk of Magnesia to neutralize the bacterial acids in the mouth. It is absolutely free from grit, astringents or other irritating ingredients.

Send for a complimentary package of Squibb Dental Cream and judge for yourself how pleasant it is to use—how thoroughly and safely it cleans your teeth. Then you will have the satisfaction of knowing that Squibb's is a safe and effective dental cream for your patients to use.

SQUIBB DENTAL CREAM

E. R. SQUIBB & SONS,
Dental Department,
3812 Squibb Bldg., New York City

Attached hereto is my professional card or letterhead. Please send me a complimentary package of Squibb Dental Cream.

Name .....

Street .....

City..... *State*.....

ORAL HYGIENE BULLETIN

ORAL HYGIENE is mailed monthly to every dentist whose name can be secured. The circulation guarantee is a minimum of 60,000 copies per issue. The present actual circulation averages 70,000 copies.

This page is restricted to help and positions wanted, practices wanted and practices for sale. The rate is 10c per word, initials and figures each counting as a word, each initial and figure of the address also counting as a word. Minimum charge $2.00.

Copy must be in the hands of publisher by first of month preceeding date of publication. Cash should accompany all orders—ORAL HYGIENE, 1005 Liberty Ave., Pittsburgh, Pa.

FOR SALE: Well equipped office and practice, East Iowa County Seat twenty-two hundred population. Retiring. W. A. Grove, Tipton, Iowa.

FOR SALE: Large dental practice with modern office, x-ray and gas machines. Central Pennsylvania city of thirty thousand. Cash or terms very reasonable. Moving to another state for health. "A" Oral Hygiene, Pittsburgh.

Dental office for past twenty-seven years in a Missouri town of twenty-five thousand now for sale on account of ill health of owner. "H" Oral Hygiene, Pittsburgh.

FOR SALE: Well located, excellently equipped advertising dental office. Oregon. Established ten years. "S" Oral Hygiene, Pittsburgh.

Dentist wants association with practitioner who needs money maker. Northeastern or far western states. Strictly confidential. "Y" Oral Hygiene, Pittsburgh.

Technician ten years experience wants position or partnership in laboratory. Give full details first letter. J. Valentine, Ketchikan, Alaska.

FOR SALE: Southern California practice established twenty years. Population thirty-eight thousand. Selected clientele. Modern equipment. Retiring. "K" Oral Hygiene, Pittsburgh.

Owing to recent death of successful dentist practicing in the thirty-fifth Ward, Philadelphia, his practice and equipment, together with a favorable lease of his office, are offered for sale by his Estate. Joseph S. Kratz, Executor, 1328 Chestnut Street, Philadelphia, Pa.

Practices sold and furnished. Positions. All States. Established 1904. F. V. Kniest, Insurance Bldg., Omaha, Nebr.

IF YOU want to buy or sell a practice, why not try the classified department of The Dental Students' Magazine? Read by all students, including graduating seniors. Two dollars for fifty words or less. Write Dental Students' Magazine, 919 N. Michigan Ave., Chicago.

For immediate sale: First class dental ceramic and gold laboratory. Fully equipped. Operating at a handsome profit. In largest city in Middle West. Unlimited possibilities. Present owner retiring. Will stay with buyer until success is secured. Must be cash. "G" Oral Hygiene, Pittsburgh.

ADVERTISING INDEX

Who's Who and Where

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions of advertisements.

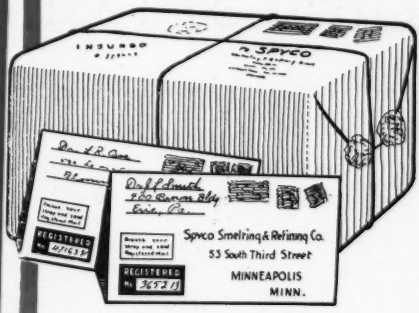
FOR PROMPT and ACCURATE RETURNS SEND YOUR SCRAP TO SPYCO

Our Check will be RUSHED to you

Anticipate your holiday needs. Gather up your accumulated scrap and exchange it for a SPYCO CHECK Now, thru your Dealer or direct.

Spyco valuations have always been noted for their accuracy and returns are made with unusual promptness.

We are now paying the highest prices consistent with the present market conditions for all types of precious scrap.



Now, as in the past, you are assured of maximum returns which include payment for all gold, silver, platinum and palladium in your scrap metals.

Spyco, has for years provided a dependable market for the disposal of dental scrap at top prices. This record of dependable refining service warrants your careful consideration when you select a market for your scrap metals under the present unsettled conditions.

SPYCO SMELTING & REFINING CO., MINNEAPOLIS

ZIRATO

an ideal corroborant

IS AN INGREDIENT OF IPAN

TENDER, undernourished gums can be toned and strengthened by regular massage with a tonic invigorating preparation.

Ipana is formulated to fulfill this requirement. Its Ziratol content enhances the toning properties for which Ipana is so famous.

Dentists have proven the efficacy of Ziratol both in general operative work and in the tr ment of pathological conditions the gums. They agree wh heartedly that it most nearly m the many requirements of an i corroborant in gum massage.

That is why so many dentists Ipana in their prophylactic w at the chair and in teaching technique of gum massage.

IPANA

TOOTH PASTE

BRISTOL-MYERS CO.
73-J WEST STREET NEW YORK